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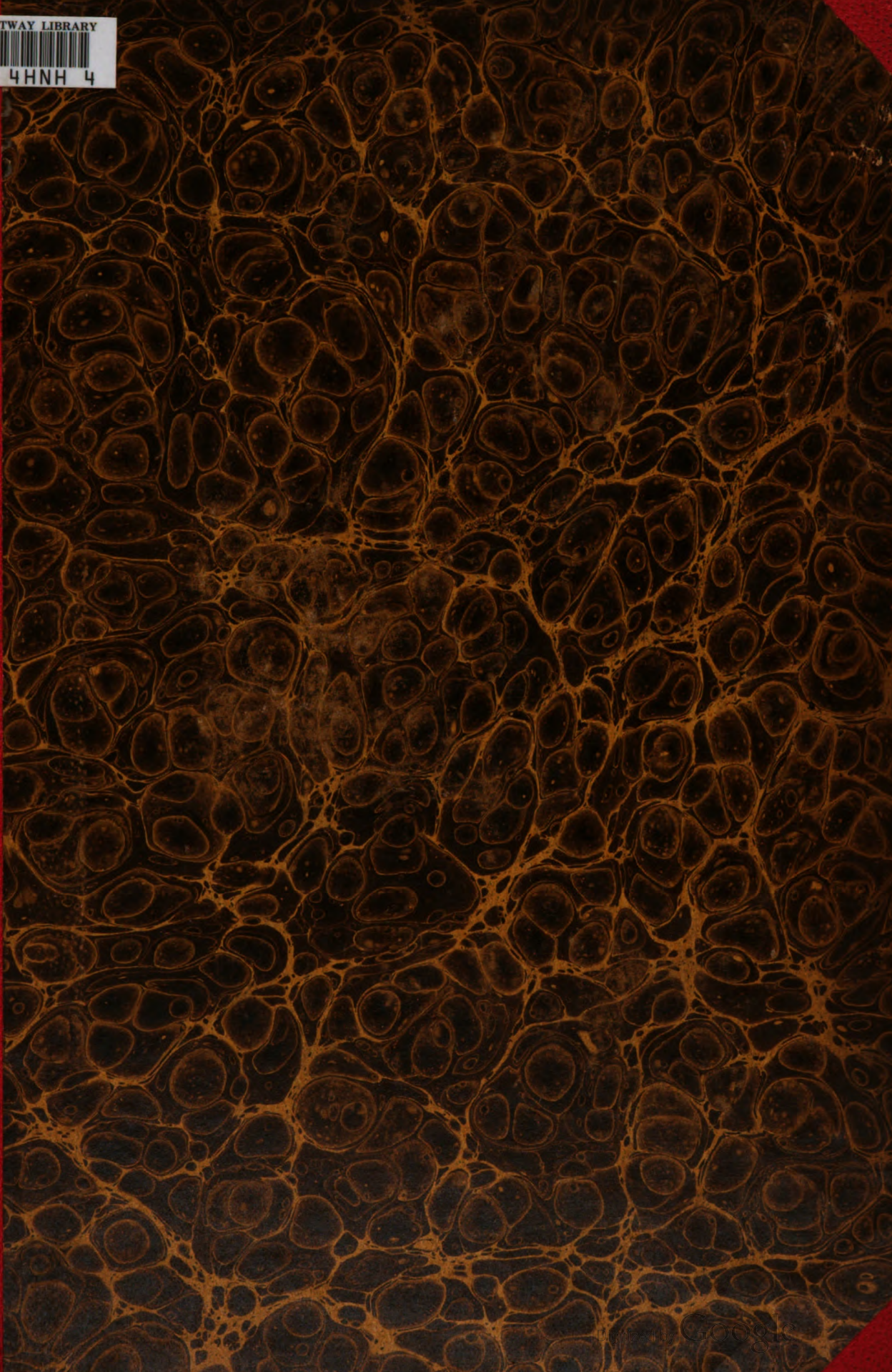
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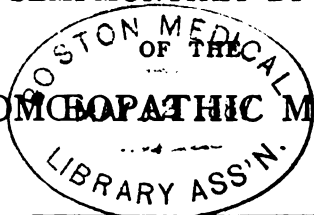
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THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS

NEW YORK HOMOEOPATHIC MEDICAL COLLEGE.



VOL. II.—1885-86.

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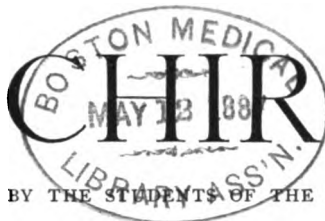
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1884

THE CHIRONIAN



PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME II.

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All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City. Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer. The editors are not responsible for opinions of contributors.

Subscriptions taken at the College. Single copies may be obtained in the "Students' Room." All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

WITH the present issue THE CHIRONIAN enters upon the second year of its existence. What it was and what it accomplished last year its old friends know and have often given evidence of appreciating. We wish to still further improve its tone, extend its influence and increase its value to the profession at large. But it is to the Alumni of our own College that we have a right to look for the most constant encouragement and support. To them, and especially to the graduates of recent years, whose recollection of the incidents of their course is still fresh, and who may still have friends among us, it will be of greatest interest. All that is best of the solid work and jolliest of the fun shall find its way to our pages. Student life will exhibit its pleasantest aspect in the department of College Notes; personal items of interest will appear in their proper place; and the cream of the instruction in lecture room, laboratory and clinic will make up a part of each number. Those who have gone out from our institution in the

past will be kept as far as possible in view, and their successes and experiences recorded.

Though owing no enforced allegiance to the "authorities that be," for THE CHIRONIAN is above all a students' journal, yet it will endeavor in every way practicable to forward as much as lies in its power the good of the College and the success of the Faculty. Any abuses which may exist will be unhesitatingly pointed out, and persistently followed up until remedied. Needed reforms will be welcomed with the same free spirit, and the credit given where it belongs. We want to further the pleasant relations which exist between Professors and students.

The columns of THE CHIRONIAN will continue open to the profession generally, and especially to our own Professors, Alumni and students. The spirit of friendly discussion will be encouraged. We do not wish to be narrow-minded, prejudiced or unfair to any man. In return we ask a continuance of that discriminating commendation and kindly criticism which the journal received last year. With such support we can do our best, knowing that if mistakes are made they will be pointed out and forgiven.

A MISTAKEN idea prevails in some quarters concerning the college journal. It has been asserted by some of the members of the Classes of '87 and '88 that THE CHIRONIAN is edited and published by a clique in the Senior Class, and is in some sense a private enterprise. The Freshman who has just appeared upon the scene of action is excusable in some degree for his ignorance of college affairs; but the men of '87 can have no decent apology to offer for circulating this senseless rumor. THE CHIRONIAN is most emphatically the *students'* paper. Not the Seniors' paper or the Faculty's paper, but represents the student body. Its editors are chosen from each Senior Class, so that each class in turn manages the journal. The Classes of '87 and '88

should take as much interest in the paper as '86. Next year '87 will control it, and look to '88 for support. We wish it understood that we do not delude ourselves with the idea that all the literary ability in the college is centered in the editorial staff. Far from it. We number among us this year many men of ability as writers, and we deem it their duty to aid THE CHIRONIAN by contributing to its columns. We shall be glad to receive contributions from any student in any class. Finally, since the journal is published in the interest of all, let every student resolve to support his own college paper and hand in the subscription price.

IT has been remarked by those who are well informed concerning college matters, that there exists a singular indifference among the undergraduates to college interests. Observation justifies in some degree the statement. For although, like all positive affirmations, sweeping in character, it is not made up entirely of the truth, yet it is certain that there is a lamentable lack of college spirit. It is true that the medical college, with its shorter course, its crowded curriculum and its pervading spirit of utilitarianism, cannot be expected to arouse within its students that deeper sentiment which binds the graduates of a literary college so closely to their *Alma Mater*. But this is no apology for lukewarmness or indifference on the part of the medical undergraduate. On the contrary, the fact that these things are so, stamps him who passes idly by or looks on from afar as one whom overwhelming indolence has seized upon, or whose intelligence needs a rude awakening.

The payment of the required fee is not all we owe the college. It is the smallest and least important obligation which we discharge by checks or drafts. The duty which remains to be performed, reciprocal in its nature, pleasant in performance, urged by innate justice, is cheerfully accepted by generous minds. As the college fosters in every way the interests of her students, so in return she has a right to expect that her welfare will be of interest to those whom she has trained or is training. The recognition of this obligation by the student body constitutes col-

lege spirit. But this is nothing more than public spirit localized and intensified. Every man has a certain duty which he owes to society, which is essentially the same in nature as that which the student owes his college. Both have received certain benefits and advantages which money alone cannot pay for, and both are bound in honor to repay. To always receive and never give in return—to absorb as the sponge, to ignore the just claims that a common morality makes—these may be the attributes of a warped and selfish nature, but they are not the characteristics of a broad and noble intellect. Mental myopia is often a cause of error. Many students are unable to perceive that every step forward taken by the college increases the value of their diplomas; that work done directly for the college is work done indirectly for themselves. The future of the college is to no inconsiderable extent in the hands of its Alumni. Their action will largely influence its course. Benefitted in the past by the efforts of others, are they now willing to do anything in return? There are many ways in which an interest may be manifested.

The Library needs books and magazines, THE CHIRONIAN wants more subscribers, the Association wants more members. It will be our privilege as well as pleasure to keep our Alumni informed of the ways in which they may aid their *Alma Mater*; and that we may not fail to send this important news to them we urge them all to forward their subscription to THE CHIRONIAN without delay.

WE are back at college again at last! We have listened to the opening address, greeted our professors, shaken hands with our classmates, smiled condescendingly upon our juniors, who have been struggling with the entrance examinations and taking notes of their first lectures. Most of us are glad to return and are ready for work. Six months have we been laboring to have a good time, cultivate our muscles and acquire what medical knowledge our opportunities allowed. Now we shall have a chance to use our brains more actively, and our wits cannot be too sharp if we expect to cope successfully with the professor when quizzed.

Many a man who had thought himself invincible has gone down at the first onset.

But the six months have not been without profit to most of us. In the preceptor's office, in the dispensary, and at the bedside, many useful lessons have been learned. We have had a little time to digest the medical pabulum which was poured so abundantly into brains and note-books last session. It is one of the greatest disadvantages that a medical student has to combat, that it has been considered necessary to condense into six or seven months the instruction which might with propriety be spread over a longer session. However, this very plan makes possible the long months of vacation in which one ought to be able to assimilate all that was not perfectly mastered.

TO dream of success is one thing and to deserve success is quite another. To wish for professional eminence is not by any means to win it; vague aspirations, yearnings after the infinite, castle building, vamping, are common enough among young men who desire to attain prominence, but who are not willing to undergo the necessary preliminary discipline and work. They desire to reach at a bound the point which it has taken others years of laborious effort to attain. They must needs travel on a royal road. Step by step does not suit them. It is too slow and involves too much work. And yet if there is any one thing certain, it is that every man now doing a great work, possessed of influence and power, reached his position by slow and steady climbing. The climbing prepared for the work. The first years of professional life are markedly years of preparation. The education begun in college is then rounded and carried on to higher planes.

"Everything comes to him who waits," says the old proverb, and it may be added who is also prepared. Doors do not open to a man until he is prepared to enter them. The man without a wedding garment may get in surreptitiously, but he immediately goes out with a flea in his ear. It is a grand mistake to pass the time in idly waiting for a chance. Opportunities come to all; he who is prepared takes advantage of them. To men who work, who are not afraid of slow and

tedious climbing, who neglect no chance for professional and personal improvement, the doors of success open of themselves at last. Work seeks the best hands as naturally as water runs down hill; and it never seeks the hands of a trifier, or of one whose only recommendation for work is that he needs it. The true secret of success is to do without flinching and faithfully the duty that comes next to one. When a man has mastered the duties around him, he is ready for those of a higher grade and takes a step upward. "Preachments are of little avail, perhaps; but when one comes in contact with so many men and women who put aspiration in the place of perspiration, and yearning for earning, and longing for labor, he is tempted to say to them: Stop looking up and look around you. Do the work that comes first to your hands, and do it well. Take no upward step until you have come to it naturally and have power to hold it. The top in this little world is not so very high, and patient climbing will bring you to it ere you are aware."

Si Tu Savais.

SI tu savais comme je t'aime—My own,
I sang this song to you but yesterday;
And then I deemed you surely must have known
My love, my life before your feet were thrown;
Yestreen I thought it wasted breath to say,
Si tu savais.

Si tu savais—Could love like mine lay hid,
Nor aught the secret of my soul betray?
No sudden glance beneath a quivering lid,
Nor broken speech when hated prudence chid
Words from my lips that still would thither stray.
Si tu savais?

Si tu savais—You did not know, my dear,
You deemed my love the fancy of a day,
A merry toy the empty hours to cheer;
So, when the time for parting came anear,
You thought I, too, was weary of the play.
Si tu savais!

Si tu savais—E'en now, at this the last,
Could aught the knowledge to your soul convey,
Would not you come forgetting all the past
Around my neck repentant arms to cast?
Would you, sweetheart, still choose afar to stay,
Si tu savais!

Si tu savais—Within the after years,
When life is drear, and youth has passed away,
And death draws nigh to end both hopes and fears,
A glimpse may reach you through regretful tears
Of all the love that might be yours to-day,
Si tu savais! BELGRAVIA.

Surgery.

"Rest as a Factor in the Treatment of Wounds."

BY A. DE VARONA, A.M., M.D.

(From advance sheets of a book soon to be published.)

BY rest we mean: Firstly, avoidance of every movement that may injure the already broken tissue. Secondly, avoidance of everything that may disturb the coaptation of the broken surfaces, be it from external or internal sources. If we wish broken muscle or broken skin to unite by first intention, without peradventure, we must keep them as immovable as we keep broken bone. The least ripple of motion is enough to destroy the delicate cellular net-work that is forming the union; and after every movement the work has to begin anew, with decreased chances of success, for the broken down cells have to be either discharged or absorbed before new ones can take their place.

Our first efforts, therefore, after bringing together a wound, should be directed towards rendering all involuntary movements, whether molar or molecular, absolutely impossible.

By molar movements, I mean the motion of the whole injured part, such as the arm or leg. This I would prevent by the application of appropriate splints, and by immobilizing the part in as comfortable a position as possible.

By molecular motion, I mean the uncontrollable movement of muscular fibres, which induce muscular tremor. This I would control by well-applied and graded pressure, by means of snugly fitting bandages.

But I would here distinguish between graded pressure, which is one of the most wholesome devices, and strangulation, which is a most mischievous one. The first begins at the distal extremity of the wounded limb, and is carried gradually upwards and above the injury. The second is often unwittingly applied immediately on the injury, leaving the parts below, free from pressure, to swell, blister, and mortify.

Or the same may be done if, on attempting to apply graded pressure, we make loose turns of the bandage below and firm ones above. It is this unskilled method of applying an initial bandage that has brought discredit on a measure that deserves nothing but praise.

There is still another molecular motion which is likely to occur in the part and disturb union if it be not checked: that is, vascular motion.

We must bear in mind that the wound is an impediment both to the afflux of the arterial and to the influx of the venous circulation; that the cut mouths of the vessels have been sealed by ligatures or thrombi; and that, as blood continues to circulate in that direction with undiminished sway, nay, sometimes with increased vigor, if no means be adopted to prevent it, there will occur both arterial and venous stasis around the wounded tissues, inducing the cellular elements to increased proliferation, over-production, and consequent retrogression.

This is, in my estimation, one of the most fruitful sources of wound inflammation; and, although the graded pressure of which I have just spoken checks it to a certain extent, I consider elevation of the part more conducive to the purpose.

By elevation or suspension of the limb we check arterial impetus and favor venous dispersion. That is, we check the force with which arterial blood enters the part by obliging it to spend part of its force in overcoming gravitation; and we add this same force of gravitation to the venous current, impelling it to disperse itself through all available channels in its forced descent, thus freeing the tissues around the wound from its unwelcome pressure.

As I intimated before, if we wish to be on the safe side, let us protect fractures of the soft parts from internal sources of unrest as thoroughly as it is customary to protect bony fractures.

Now, as to the external sources of disturbance, I should say that they were just as important, if not more so, than the internal.

One of the most constant is surgical assiduity, the unconquerable desire to do something which besets some surgeons, and of which I shall only

speaking just now in the form of unnecessary interference with the dressing.

When wounds are dressed, as they have been heretofore, with a view to courting suppuration, and this occurs, as it is perfectly natural that it should, I can understand the necessity of torturing the patient by cleansing the wound and renewing the dressing every day. But when our object is to induce healing by the first intention, by the practice of the most conservative means, the dressing should not be disturbed unless it be to add to the chances of immediate union. In fact, the ideal dressing is that which shall have been so carefully devised and in which every emergency shall have been so accurately forestalled that it shall not need removal until the wound shall have healed.

To those who may find fault with this plan, on the score of uncleanness, I would answer that the end amply justifies the means; and, moreover, that in nature's laboratory there is no such thing as dirt; all things in their proper relations are clean, no matter what their chemical components may be. It is want of relationship that constitutes filth. Mud on white linen is dirt, but mud around the bulb of a tuberose resolves itself into the most fragrant aroma. So if a dressing, though impregnated with skin effluvia, is accomplishing a physiological purpose better than any other that could be placed in its stead, it is in its most proper relation, and in no way unclean.

But all external disturbances do not necessarily occur after a wound is dressed; in fact, in accidental wounds they are more numerous and more to be dreaded before the dressing. It is my belief that, as a general thing, more harm befalls the accidentally wounded between the time they receive their injury and the time their wounds are finally dressed, than what was caused by the original accident.

Much of the evil done is caused with the best intentions. The person who, on seeing a man fall from a scaffolding or thrown from a carriage, runs to proffer his services and helps carry him into the nearest house, has no idea of the irreparable injury he may be inflicting. The necessity for rest begins so early after an injury, and

unskilled interference is so fraught with danger, that I hold a man meeting with a serious accident should be allowed to lie where he falls. He should not be carried to the nearest house, but the nearest house should be carried to him—that is, as much of it as he needs—some protection from the sun or rain, if there be any, a pillow for his head, and a blanket to cover his body, is probably all he will require until proper means of removal arrive.

For my part, such is my dread of unnecessary disturbance, and its consequent pain and possible injury, that I never approach an injured person with "How do you do?" but with a firm though gentle injunction, "Lie perfectly still," lest in returning my greeting he should involuntarily do himself injury.

Then I use my eyes and ears before I use my hands and instruments. I trust I may be pardoned for advising that when the hands be used they be used gradually and gently. A preliminary nursing stroke far away from the injury reassures and calms the nervous dread of being hurt at the first approach. I have seen a simple fracture of the tibia turned into a compound one by an involuntary jerk of the leg, on being touched suddenly by a rough operator. A stone cutter with a broken bone is sometimes as timid and excitable as a hysteric damsel.

It is not necessary that I should dwell upon the fact that manipulation, however necessary, aggravates all injury tenfold.

Probing a wound is advisable only under exceptional circumstances, to ascertain the location of foreign bodies, which are known to be in the wound, for instance, and even then with limitations.

If a bullet be not found at once, though it be known to be in the wound, it should be left to itself.

As for probing a wound, as so many surgeons do, simply to ascertain its depth and breadth, it is preposterous. Whether it be an inch or six inches deep, the treatment is the same. What matters the knowledge of the depth of the wound, as compared to the suffering of the victim, and the possible harm the probe may inflict?

Under no consideration should a probe be

passed from hand to hand to allow every professional man present to give his opinion or satisfy his curiosity.

It is to insure rest that anæsthetics are at times used in dressing fractures and other wounds. Anæsthetics control muscular and nervous spasms, and those other two fruitful sources of unrest, pain and anxiety.

In closing my remarks upon the subject of healthy wounds, I would say that I have purposely limited the scope of treatment to the observance of the three essential factors, cleanliness, coaptation and rest, to the absolute exclusion of all external or internal medication, because I firmly believe that no medication can improve upon the condition of a healthy wound, and that any substance that may touch the delicate film that joins the two cut surfaces can only do it harm.

It may have been noticed that I frequently mentioned carbolic acid as a means of preparing for use many of the articles I have recommended—catgut, bone-drains, silk, etc. Our reasons for doing so are the following :

We believe in the existence of atmospheric germs, and we believe they are one of the sources of animal decomposition. But we do not believe that atmospheric germs, *per se.*, can produce decomposition or putrefaction in healthy living tissue, which it has been amply proved have the power to resist the invasion of these atmospheric germs. It is in unhealthy, degraded, and especially in dead tissue, that these germs thrive, reproduce themselves, and create inflammatory disturbances.

It is the old story of "the survival of the fittest." Between living, healthy tissue cells and living atmospheric cells, the victory is for the tissues ; they can destroy myriads of vibrios and bacteria and be none the worse off.

On the other hand, between living atmospheric germs and dead animal cells or elements, the victory is for the bacteria, and they soon thrive to such an extent that the dead tissue is turned into a festering pool of putrefaction. And such would be the fate of our catgut, decalcified bone, silk, etc., which are all dead animal tissue, if we failed to charge them with a powerful germicide.

Treatment of Colles' Fracture.

BY ORANDO S. RITCH, M.D.

THE conditions necessary for this treatment are a solution of continuity of the inferior extremity of the radius. With the exception of fracture of the clavicle, there is no bone in the human skeleton more liable to fracture than this. It is easily accounted for by remembering the location. While in the act of falling upon the palmar surface of the hand, the effect of the weight of the body is centered at this point, and a fracture is the result. At the usual site of fracture the cancellated tissue is covered by a thin layer of compact tissue, hence the weakness of the bone at this point. This fracture is met with in both sexes, but is more common in men under thirty years of age and in old women.

The pathology has been clouded in much controversy, and decided stands have been taken by different writers. Among the earliest is Colles, of Dublin, after whom this fracture is commonly known. R. W. Smith, in his treatise on Fractures in the vicinity of joints, Dupuytren, Voillemier and others, and recently in this country by Moore, Packard and Pilcher, have written on the subject. The fracture is transverse, and produced by indirect violence, and is located about one inch and a half from the articulation. The conditions of displacement are given by different writers, although cases do occur where it is not apparent. Voillemier, Nelaton and Erichsen contend that the displacement is backwards and upwards. The carpal articular surface, besides occupying a position more posterior than normal, as regards the shaft, has an inclination backward instead of forward, so that the inferior fragment has undergone a rotation on its transverse axis. This change is modified by the strong ligaments of the lower radio-ulnar articulation confining the inner side of the fragment more in place than the outer, so that the displacement is more on the side of the styloid process, and the outer border of the bone is shortened. Hence it is the hand inclines to the radial side, and it is conceived that this dis-

placement is produced by a penetration of the posterior surface of the superior fragment into the cancellated structure of the inferior. This theory is opposed by R. W. Smith, who states that no such penetration occurs, but the distortion is by combined action of the supinator longus, the extensors of the thumb, and the radial extensors of the carpus. Pilcher states that the deformity is due to the immobility of the ulnar. Moore maintains that the deformity is due to the dislocation of the ulna. It is a question whether this luxation is a symptom, or a condition of itself, but, aside from this, the symptoms are so pronounced that it is easily recognized. The patient is unable to perform the acts of supination and pronation, and suffers pain. Crepitus is uncertain, but no matter how much the symptoms may be marked, if you can get preternatural mobility you will not be deceived in your diagnosis.

Treatment.—Many devices have been invented for the treatment of this luxation and fracture, all tending to overcome certain conditions, from certain points of reasoning. The pistol-shaped splint is one of the most common, but the stiffness it produces of the fingers, even if flexed, the continued swelling about the wrist and carpal bones, and the indurated condition of the sheaths of the tendons, have led surgeons from its use. For six years I have used Moore's dressing entirely, and with very flattering results. If a luxation exist it is reduced, then the fracture. The apparatus as I use it consists of a hard roller bandage, two and a half inches wide, one and a half inches in diameter, a strip of rubber adhesive plaster three inches wide, and long enough to encircle the wrist twice, and a roller bandage. By extension and counter-extension, bring the fractured extremities into apposition, lay the hard roller between the ulna and radius, on the inferior surface, so as to lift the fragments and maintain them, then apply the adhesive plaster around the wrist and roller, and encircle the whole with a few turns of the loose bandage. Its advantages are its simplicity of application, while meeting the requirements of a splint as near as possible, with less danger of ankylosis of the wrist or stiffness of the fingers, less obstruction

to the circulation, and less deformity than with any other splint. I have treated cases with scarcely any deformity, and can see no good reason for obstructing the upper extremity below the wrist and joint.

Theory and Practice.

Cases Reported from Dr. St. Clair Smith's Record.

MOLAR TOOTH IN RIGHT BRONCHUS.

A YOUNG Irish servant girl was sent by her employer, a dentist, to consult me about "bad breathing." She reported that, having a troublesome molar, she had, a few days before, without consulting her employer, gone to a dentist who advertised to draw teeth without pain.

Took gas when the tooth was extracted. On returning to consciousness was lying on the floor and they were dashing water in her face. From that time she had experienced great difficulty in breathing. The dentist had assured her that the tooth was out and everything all right.

She had great dyspnoea, increased by exertion, extremely anxious expression of countenance, marked lassitude, and general perspiration. Face was dark red and lips slightly cyanotic. Pulse regular and weak; no cough. Examined chest with negative results. Attributed the difficulty to the effect of gas on the nervous system. Prescribed lachesis. Next day she called again and was much worse; so weak she could hardly walk; dyspnoea extreme. Told her at once to go home and I would call to see her. Found her later in bed, half reclining, breathing with difficulty. Lips cyanotic, deep red spot on right cheek, suggestive of pneumonia. Body and face bathed in profuse perspiration. Pulse rapid and full. Violent, spasmodic cough with abundant muco-purulent expectoration. Whole appearance and manner expressive of extreme anxiety. Examined chest by auscultation, and found entire absence of respiratory sounds on the whole right chest, except at apex of the lung, where there was feeble vesicular murmur. Dull-

ness on percussion. Confessed I was somewhat nonplussed. Could get no evidence of effusion or chronic pleurisy. Gave sanguinaria. Saw her again the next morning, and found her very much worse in every respect. Extreme prostration, cough violent, pulse very full and rapid, temperature $103\frac{1}{2}^{\circ}$. Expectoration very abundant, muco-purulent, streaked with blood. No change in condition of chest. Extremely restless and anxious. Gave arsenicum with milk punch and strong broths.

Saw her again later in the day, her condition still worse. Gave unfavorable prognosis, advised notifying her relatives and friends, if she had any. Called again in the evening, and found her condition really desperate. Told her friends that she would probably not survive the night. Advised continuance of treatment. Called early next morning, and found my patient sitting up in bed, apparently well, chatting with her friends who had remained with her during the night. Before I had time to express my surprise at so favorable a change, was greeted with the remark: "Look in the basin and see what she has spit up." On looking I found nearly the whole of a large molar tooth, which she had expectorated in the night during a violent fit of coughing and strangling. Until I saw the tooth, had been unable to make diagnosis, and the possibility of a tooth in the bronchus had not occurred to me. The dentist, in extracting it, had accidentally dropped it from his forceps into the larynx. On examining chest found resonance on percussion. Abundant mucous rales all through the lung. Of course the dyspnœa and other unpleasant symptoms had disappeared. The girl had no further trouble, and made a rapid recovery.

CASE OF PERIOSTITIS OF BOTH TIBIA.

Boy, aged 14, cachetic and badly nourished. Disease had progressed for some days when first called. He had had several previous attacks. Anterior of tibia of both legs uneven, with prominences like exostoses in different parts.

Legs swollen, shiny, deep red, purplish color in spots. Swelling extended from just below the knee nearly to instep. Pitted on pressure. Extremely sensitive to touch, especially over exos-

toses. Tried to get a history of syphilis, but could not. Boy was pale and emaciated, high fever, rapid pulse, coated tongue, no appetite. Tearing, aching pains, intensely aggravated at night, and on change of the weather. Perspired profusely. Gave Merc., afterward Aurum, without effect, but grew worse under both remedies. Was unable to sleep at night, from intense suffering. Looked as if periostial abscesses would form in both legs. Found him one day sitting on edge of bed, with both feet in hot water, dashing the water on tibia, which gave relief. Pain dull, aching, sometimes tearing. The family was poor, living in lower part of the city, and I advised the mother to send boy to hospital where he could receive better attention.

Prescribed Asafoetida to be given in water every hour or two, according to severity of pain. Did not call again, as I supposed he would be taken to hospital next day. A week afterward, while visiting patient in same house, met this boy, to my amazement, coming down the stairs. He reported that soon after the first dose of Asafoetida he obtained relief, and that he had taken all the medicine. I had only left him one powder to be dissolved in 12 teaspoonfuls of water. He felt perfectly well and said there was no pain nor soreness left in the legs. I went with him to his room and made a careful examination, finding, to my surprise, that his statement was correct. Swelling, soreness, redness, all gone. Considerable thickening of the periosteum and exostoses only remaining.

I kept this boy under observation for some time, but gave no medicine. There was no return of his trouble, and after a few weeks all the thickening had disappeared, and only parts of the larger swellings remained, considerably reduced in size.

Since then have had opportunity several times of prescribing Asafoetida for periostitis of tibia, and particularly at its lower end, and always with most satisfactory results. Have always given it in high potency. The relief has invariably been so prompt and lasting, as, in my mind, to preclude the possibility of coincidence. I consider Asa., in high potency, one of our best remedies in case of periostitis of the lower extremi-

ties, especially lower end of tibia and ankle, and have also seen very good results follow its administration in cases of caries of those parts, resulting from periosteal inflammation.

Infantile Paralysis.

BY H. S. GRAVES, M. D.

EDDIE KENNELLY, a boy of about six years, was first visited from the dispensary April 8, 1885, and found suffering from a nervous trouble, his history as far as could be ascertained was as follows. He had been suffering more or less for two years. In the spring and summer of 1883 he had a wasting and St. Vitus' dance, and had been circumcised. In the winter following ('83-'84), he had seemed to have the same disease as at present and without medical treatment appeared to recover. In the summer of '84 he was at a charitable institution, where he contracted measles and was sent home suffering from his present trouble, not having been well after the measles. He was sick all winter ('84-'85), without medical treatment, his mother saying she thought he would get well without it as he had done the previous winter, but as he seemed worse in the spring she had applied to the dispensary. Dr. Best ('85) found the boy much atrophied in body and limb, unable to stand an instant without being held up. He seemed to have no control over his muscles. His limbs moved erratically when he attempted motion. He could not feed himself. His tongue was thick and he was without power of speech. His mind was clear, sensation of skin not lost and the function of digestion was regularly performed. A passage or more from his bowels occurred every day, normal in consistence and appearance, but very offensive, and he had a fair appetite.

A diagnosis of infantile paralysis was made and *Æthusa* prescribed. The effect of this drug was immediate. The boy was better next day and the improvement continued. In about five weeks he could walk to the dispensary with slight assistance, having only occasional irregular action of the limbs, and by the end of May he

could walk without any assistance. All summer he has been perfectly well, running about in bare feet in wet or dry weather without injury, and is now stout and hearty and going to school.

The first visits were made by Dr. Best and treatment continued by Dr. Graves, under whose charge he came at the dispensary.

Croup Complicating Diphtheria.

REPORTED BY W. DANFORTH, M.D., MILWAUKEE.

BOY six years of age had severe form of diphtheria. Treated with Nitric Acid, and patient seemed to be doing remarkably well, when on the fourth day membranous croup appeared. Aconite and Kali Bich. were given during the day. Was sent for at midnight and found him in cyanotic condition, and, of course, expected he would die. Ice constantly applied to the throat in large quantities gave immediate relief, and he passed a comfortable night.

At the end of thirty hours he was seized with a violent fit of coughing, and a large membranous cast was thrown off, followed by smaller pieces. Ice was kept on for thirty-six hours. Recovery complete.

Chronic Headache.

REPORTED BY F. E. M'NAMARA, M.D., MILWAUKEE.

MAIDEN lady, aged thirty-two, suffered from the time of puberty with severe chronic headache, and all efforts to obtain relief from the old school treatment proved unavailing. Attacks occurred once in seven or ten days, pain being chiefly on top of the head, accompanied by great burning heat. During attack face flushed and soles of feet burned like fire, and were thrust out of bed into cooler air for relief. Appetite was poor, but a sense of "goneness" felt about an hour before dinner was relieved by eating. Patient was also subject to "fainting spells," compelling her to sit down frequently through the day. Uterine trouble was suspected, but patient objected to an examination.

Gave sulphur three times a day. After three weeks reported but one attack during the interval, and that a light one. These attacks diminished in frequency and severity, till at the end of two months a cure was pronounced. Two years have passed and no return. An accompanying trouble, chronic constipation, was subsequently found to have been relieved at the same time.

Paedology.

Trismus Nascentium.

PROPOS of the publication of "The Story of My Life," by the late Dr. J. Marion Sims, a few words on the subject of trismus nascentium may not be out of place; for, according to Dr. Sims's statement, up to the time of his discovery of what he considered to be the true cause of this disease no case had ever been cured.

Trismus nascentium, while of extreme rarity in most parts of the temperate zones, is of most common occurrence in the tropics and exceeds in fatality any other disease to which infants are subject. But in some parts of the more temperate regions the mortality from this cause has even exceeded that of the warm countries where the disease is most common. While of rare occurrence in Iceland, in the neighboring island of Heimacy it is said to be of such frequency and uniform fatality that were it not for immigration the populace would entirely die out. In the Island of St. Kilda, off the coast of Scotland, it is also very prevalent. In both of these islands the inhabitants are a dirty, degraded, ignorant people. In certain parts of Germany its frequency has varied in different years. The home of trismus seems to be in warm countries, and the especial objects of its attack are the children of the Negro race. At one time nearly one-half of the colored children of Louisiana died of trismus, while in San Domingo about eighty per cent. succumbed to it before their ninth day.

As to the precise cause of this disease nothing

is positively known, although the general opinion has pointed to the ulceration of the umbilical cord as being principally concerned in its production. It has however occurred under a variety of conditions, and in many cases no alteration of the cord could be observed. The probable reason why trismus has been considered to be in some way connected with the inflammation of the cord, is that the falling of the cord and the appearance of the disease usually occur between the third and ninth day. This connection in time naturally drew the attention of observers to the condition of the cord, and to its ulceration they attributed those phenomena to which has been given the name of trismus or tetanus nascentium.

Sudden change of temperature has been assigned as one of the causes of trismus. Ziemsen tells of a nurse, whose ability to distinguish heat having been diminished by sickness, prepared too hot baths for the infants that came under her charge. So many of them died of trismus that a public investigation followed which revealed the facts stated. Smith quoting Insel gives the history of the increase of tetanus in Cayenne. In a hamlet surrounded by mountains and dense forests from six to eight per cent. of the infants died of tetanus. After a large part of the forest had been cut down, so as to allow access to the cold sea winds, almost all of the new-born infants fell victims to the disease.

Uncleanliness and impure air must be counted among its causes. In a Dublin hospital the mortality in this disease was reduced from fifteen per cent. to five per cent. by simply improving the ventilation of the wards. In nearly all cases in countries where trismus is most common there is a neglect of personal cleanliness, a lack of attention to the importance of proper light and ventilation, and a total disregard of all precautions for the proper desiccation of the cord. It is for this reason that the disease is so common and so uniformly fatal among the ignorant, degraded people of warm countries. For although it attacks the more educated and enlightened whites of the South, the percentage of cases among them is very much less than among the blacks. Hart thinks that the princi-

pal cause of trismus is impure air, which by poisoning the blood irritates the nervous system, and thus produces the characteristic convulsions. Out of nine cases mentioned by Schuetz, only two were thought to be due to ulceration of the umbilical cord. In six of these cases hemorrhage was found in the cavity of the skull and twice in the spinal cavity. From this evidence he concludes that when, from whatever cause, sufficient pressure is produced on the nervous contents of these cavities, the symptoms of tetanus will be produced.

This brings us to the theory regarding the origin of trismus nascentium maintained by Dr. Sims, namely, that the spasms are produced, not by an ulcerative process in the umbilical cord, not by exposure to sudden changes of temperature, not by a nervous irritation caused by impure air poisoning the blood, but simply and solely by the pressure of the occipital bone on the brain. In support of this theory he relates the following case in "The Story of My Life":

He was called to see a negro baby with trismus. Not expecting to be able to give any relief, he went solely to study the case. The child was lying in a cradle on its back. It had been in spasms for two days and nights, and looked as if it were dying. Its respiration was very rapid and its pulse could hardly be counted. Touching it would throw it into convulsions; laying it on its face would cause spasms. Any noise would produce them. It could not swallow, could take no nourishment, and it was impossible for it to suck. It was covered with a cold, clammy perspiration. Its hands were tightly clenched, so that the finger-nails were almost cutting into the flesh on the palms of the hands. The legs and arms were as stiff as a poker, and the whole body was rigid because of tonic contractions, and every few minutes there would be spasms independent of tonic contraction. Its face was drawn around so that it wore a sort of sardonic grin. Altogether the picture was a disagreeable one to look upon. After examining the child for a while I ran my hand under its head to raise it from the deep cradle in which it lay. I raised the child and found it as stiff as could be, and instead of bending, it came up like raising

a pair of tongs in its rigid condition. While in the act of raising it my hand detected a remarkable irregularity in the relations of the bones of the head. I sat the child against my knee because it was so stiff that it could not sit on it, and began to examine its head. At the back part of the head I found that the occipital bone, bore under deeply on the brain, and the edges of it, along the lambdoidal suture, were completely overlapped by the projecting edges of the parietal bones. This was certainly the most unnatural thing I had seen, and I immediately suspected that the spasms, both tonic and clonic, were the result of mechanical pressure on the base of the brain, effected by the dislocation of this bone by the child lying on its back. It took some minutes for me to make this examination. After I had become thoroughly familiar with the physical condition observed, I turned my attention again to the child, and was surprised to find that, by the erect posture removing the pressure from the base of the brain, the pulse could be counted and the respiration had fallen from one hundred and thirty to about seventy. The child died, and the *post-mortem* showed an extravasation of blood between the spinal marrow and its membranes, caused by the pressure of the occipital bone.

During the past year Dr. Hartigan, of Washington, D. C., has given additional weight to Sims's theory by the publication of a monograph on trismus nascentium. He takes the same ground as Dr. Sims, and substantiates his theory by reports of over fifty cases and *post-mortems*, his record containing a large number of cases.

In these cases there was an alteration of the normal position of the occipital bone, and, in most instances, relieving the pressure on the brain by changing the child's position to its side was followed by speedy recovery. The depression of the bone was caused by placing the child on its back in the cradle and by the usual manner of holding it when nursing, so that the arm pressed on the occipital bone.

(To be continued.)

THE most sure method of subjecting yourself to be deceived is to consider yourself more cunning than others.—*La Rouchefoucauld*.

Books Received.

Lectures on Clinical Otology Delivered Before the Senior Class in the New York Homœopathic Medical College, to which are added Cases from Practice and Summaries of Remedies. By HENRY C. HOUGHTON, M.D., Senior Aural Surgeon to the New York Ophthalmic Hospital, etc., etc. Pp. 260. Boston: Otis Clapp & Son.

THE thanks of the profession are due Dr. Houghton for this valuable and interesting volume. His extended experience in the Ophthalmic Hospital, his skillful and successful treatment of diseases of the ear, and his profound knowledge of aural therapeutics peculiarly fitted him to prepare this work. Concise yet clear in statement, logical in arrangement and thoroughly practical, it entertains while it instructs. The body of the work consists of twelve lectures delivered before the Senior class of the N. Y. Homœopathic Medical College. Of the lectures the first is mainly introductory, treating of causes and nature of diseases of the ear, and describing instruments employed. The second and third lectures treat of diseases of the external ear. Diseases of the middle ear are considered in the next seven lectures, while the eleventh deals with diseases of the internal ear, and the twelfth lecture with deaf-mutism. A large number of cases are given to illustrate the action of medicines, and after each section is added a valuable summary of remedies. An important feature of the book is the repertory found at the close. A list of abbreviations is added, and an index concludes the volume. The publishers have done their work well, and have made an exceedingly handsome volume. We heartily commend the book not only to the profession at large, but especially to all students who desire to gain a better knowledge of aural diseases.

American Medicinal Plants. By C. F. MILLSAUGH, M.D. New York and Philadelphia: Boericke & Tafel. Fascicle II., containing Nos. 6-10.

FASCICLE II. is even more satisfactory than its predecessor. The publishers were evidently determined to spare no expense in pro-

ducing this work, and, as they state in their announcement, the lithographs and letter-press pages do "speak for themselves." In accordance with the plan of the work, this part contains thirty colored plates with accompanying descriptive text. Dr. Millspaugh is not a man of many words, but what he has to say is to the point. He describes each plant, gives its history and habitat, the part used and preparation, the chemical constituents and physiological action. The plants described in this second fascicle are *Abies Canadensis*, *Abies Nigra*, *Actæa Spicata*, *Apocynum Cannabinum*, *Arum Triphyllum*, *Caltha*, *Carya Alba*, *Caulophyllum*, *Cephalanthus*, *Cypripedium Pubescens*, *Dirca Palustris*, *Equisetum*, *Fagopyrum*, *Gelsemium*, *Geranium*, *Maculatum*, *Glum Rivale*, *Hepatica*, *Juglans Cinerea*, *Mitchella*, *Oenothera*, *Podophyllum*, *Pulsatilla Nuttalliana*, *Ranunculus Acris*, *Scrophularia*, *Senecio*, *Taraxacum*, *Thuja*, *Trillium Pendulum*, *Viola Tricolor*, *Zizia*. It is expected that the work will reach completion in about two years.

A Lecture on Homœopathy, before the members of the Boylston Medical Society. By C. WESSELHOEFT, M.D., Professor of Pathology and Therapeutics of Boston University School of Medicine. Boston: Otis Clapp & Son.

PROF. WESSELHOEFT states in his introduction that last March he received an invitation "to answer some questions concerning homœopathy" before the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. From the questions proposed fourteen were selected, and the answers to these questions form the subject matter of the lecture. Each question is met fairly and fully. The essential principles of homœopathy are discussed at length. We advise every student to procure a copy of this little work.

The Therapeutics of High Temperatures in Young Children. By WILLIAM PERRY WATSON, A.M., M.D. Philadelphia: John E. Potter & Co.

DR. WATSON'S pamphlet will repay perusal. While we may not agree with him as to the employment of certain medicines which he

strongly urges to reduce the temperature, yet when he comes to speak of the uses of water in this connection, his remarks are practical and convey valuable instruction. We commend his lecture to all who are interested in the subject.

College Notes.

Opening of College.

NO more enjoyable event will occur in this the 27th session of the college than the opening exercises held in the upper lecture-room on the evening of October 6th.

A large audience was present composed of many alumni and their wives, resident physicians, and members of the different classes, who all felt, from their frequent and hearty applause, in holiday humor.

The speaker of the evening, Prof. Wm. Tod Helmuth, was introduced by the Dean, Prof. T. F. Allen, and held the attention of those present for nearly an hour with a most able paper upon "The Surgery of the Present."

Several incidents were related in such graphic manner that one could almost hear the click of the chisel and the whirr of the saw and see the patient writhing on the table.

He certainly accomplished his object—to show the giant strides taken by the science as well as the art of surgery since he, as a student, occupied our places. The lecture entire will be given our readers at an early date. After the applause succeeding the close of the lecture had subsided, Prof. Allen mentioned the several important changes which had been made in the Faculty.

Prof. St. Clair Smith was introduced and made a short speech, in which he recognized the duties which, as Professor of Theory and Practice, in place of Professor Bradford, would devolve upon him. Prof. Allen then referred in pleasing terms to our genial Professor Lilienthal, whose chair will be filled by Dr. Selden H. Talcott, Medical Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.

A round of applause followed the mention of the name of Prof. Blodgett, showing the large

corner in the student's heart reserved for this favorite lecturer, whose place will be filled by George M. Dillow, M. D., on Diseases of the Kidney, and Charles McDowell, M. D., who will deliver the course of lectures on Physiology. The following day the Dean gave us his usual familiar "talk," which was carefully listened to by the students, describing the present state of homœopathic therapeutics.

The Freshman.

AS quietly as the sunset rays are cast across a Hoboken frog pond, and with the same awed expression of countenance as one standing on the very brink of Vesuvius and gazing into the awful depths below, so quietly and silently filed the Freshman class into their seats for their first lecture.

The middle men were there first and each trembling footstep was accompanied by a hearty *tramp, tramp, tramp*, ending with a TRAMP of the most emphatic character, as the classic forms of the Freshmen at length settled in repose on the velvet divans they had selected.

Their eyes reflected the brilliant dreams within and each man was thirsty for "Bee-el-yu-double-de BLUDD."

They come from homes scattered from the Mighty Mississippi, to Mount Morris, from Pockmarked Montreal, to Mosquito-bit Jersey, where they have already achieved renown for their extraordinary development of cerebrum, and patience with which they have cultivated their first moustache.

They have bid an aqueous adieu to the scenes of their childhood and bad debts, and with pocket books as big as the head of a Fourth Ward politician the morning after election, they assemble in these honored walls as the class of '88.

We would not break the peculiar and indescribable charm which surrounds your advent here, but in tones as soft as an angel's whisper in the bright, joyous dream of sleeping innocence we give you this advice: "*Don't cut any lectures,*" or else next spring, with the last feeble exhalation of your fleeting breath, you will murmur: "I've been PLUCKED."

Hahnemannian Society.

THE fourteenth annual meeting of the Hahnemannian Society for the election of officers and quiz masters was held October 14th, at 7:30 P. M.

Vice-President P. Gordon Smoot called the meeting to order and occupied the chair.

Thirty-nine new members presented themselves and were admitted.

The society then proceeded to election of officers, and the following were chosen :

President, P. Gordon Smoot, '86 ; Vice-President, P. B. Watts, '87 ; Secretary, G. T. Hawley, '86 ; Treasurer, W. T. Helmuth, Jr., '87.

The following quiz masters were then elected :

Materia Medica, S. A. Stacy ; Theory and Practice, W. S. Hall ; Obstetrics, E. E. Keeler ; Surgery, A. M. Ritch ; Pædology, J. MacMillan ; Gynæcology, W. T. Hudson ; Physical Diagnosis, J. W. Dowling, Jr. ; Nervous Diseases, G. H. Nichols ; Ophthalmology and Otology, T. Thiel ; Genito-Urinary, F. A. Faust ; Kidney Diseases, F. H. Munroe ; Dermatology, W. L. Bartholomew ; Anatomy, G. M. Smith ; Physiology, C. A. Ward ; Chemistry, J. C. Jackson ; Pathology, C. F. Snyder ; Histology, G. B. Best ; Toxicology, M. J. Adams ; Medical Jurisprudence, H. B. Minton.

The treasurer's report for the past year was read by Mr. Hawley and accepted by the society.

The following resolution was offered by Mr. Chace :

Resolved, That hereafter the regular meetings of the society be held on the second Friday of each month instead of the second Wednesday.

Laid on the table for one month.

After the final roll call the meeting adjourned.

A SNAIL who goes about his business and doesn't stop to gossip with every bug he meets can creep 300 feet between sunup and sundown. That's far enough for any snail.—*Detroit Free Press*.

HAPPINESS is like wealth ; as soon as we begin to nurse it and care for it, it is a sure sign of its being in a precarious state.

Jottings.

EIGHTY-EIGHT, great, great.

WE'RE now getting down to work.

"WHAT is the difference between congenital and acquired hernia?"

FASHION NOTE.—Pants are to be worn longer this month than last ; one day longer.

THE halls echoed to the old war cry of "Martino!" as this graduate of '84 appeared at the opening lecture.

THE majority of the Seniors say they are glad to occupy the front rows of seats, although they know the peril therein.

A GOODLY number of students were present at Prof. Helmuth's first clinic, October 7th, which, as might be supposed, was preceded by a quiz.

THE thirty-nine new members received by the Hahnemannian Society at its first monthly meeting increases the total membership to ninety-one.

DR. L. A. OPDYKE, '85, of Jersey City, paid us a flying visit last week. He seems not to have lost his interest in college affairs amid the rush of practice.

PROF. DOWLING gave an excellent introductory lecture illustrating the importance of acquiring a thorough and accurate knowledge of his branch, that of Physical Diagnosis.

QUITE THE PROPER THING.—"I would have you feel as though I were one of you boys, with just a little the start."—E. V. Moffatt, M.D., in his opening lecture on Materia Medica.

ON the day of the explosion at Hell Gate, in consequence of the attending confusion at the Hospital on Ward's Island, where he is located, it is reported that "Freer's other cuff" was lost.

AN event of never failing interest to the parties concerned is the drawing for seats. This year it occurred Friday, October 9th. As usual, not every one succeeded in getting the seat he wanted.

ANY of the Alumni wishing to obtain any information concerning their classmates, are invited to use the columns of THE CHIRONIAN for that purpose. It circulates among them all, far and near.

SEVERAL of our last year graduates have matriculated for the present session, and intend to profit by the opportunity to increase the amount of medical lore in their possession while attending to their practice outside.

IN another column will be noticed an extended article of much interest on "Rest as a Factor in Treatment of Wounds," by Dr. Varona. It is taken from advance sheets of a work soon to be published by him. It is worthy a careful perusal.

THE facilities for elevating the temperature in the lower lecture-room have been immensely improved. "Frank Dryer's Cheap Stove" has been sold to a junkman, and it is to be hoped that overcoats and mittens will no longer be needed.

THE members of the class of '87 believe in putting their best men forward every time. In their election of Class Officers, October 13th, the following were chosen: For President, Stewart; Vice-President, Watts; Secretary, Smith; and Treasurer, Nichols.

C. C. HAMMOND, of Fayetteville, N. Y., who was prevented by reason of ill-health from continuing his course last year, says he cannot get along without THE CHIRONIAN. He has not been forgotten by his classmates, and we would all be glad to see him back in our ranks.

OF the class of '85 quite a number of the men are in New York and vicinity. Since the opening of the year many of them have looked in upon us. Drs. W. E. McCune, D. R. J. Atwell, F. L. Barnum, C. F. Buck, F. R. S. White, K. B. Bullel, M. J. Hall and W. W. Heberton were of the number.

M. J. HALL, '85, who last year performed so satisfactorily the duties of reporter of college news, and M. M. Adams, '85, have a pleasant office at 114 East Twenty-fourth street. Dr. Hall is in the college dispensary as resident physician. Dr. Adams has a clinic in the same institution.

THE once familiar face of E. D. Fitch, of Worcester, Mass., is to be seen once more in the college halls, where it has been missed since '84.

Last year its owner was engaged in teaching, and now he says the Class of '86 will have to lose him, as he does not now expect to come up for his finals until '87.

IN view of the present increasing tendency to place pathology and diagnosis on a level with or on a plane above our Materia Medica in many homœopathic colleges, it may be pertinent to inquire with Julius Schmitt "whether the aim of the true healer is to cure disease or to write scientific certificates of death?"

PROF. TALCOTT, in his introductory lecture on Mental and Nervous Diseases, offered the following prizes: 1st, A cash prize of \$50 for the best synopsis of his lectures handed in by a Senior student; 2d, A cash prize of \$25 for the second best; and 3d, For the same from any member of the middle class a valuable set of medical works on Insanity.

WE are disconsolate over the loss of that human paragon, the oral cornetist of '85. When shall we hear his like again? As cold *aqua pura* to a desiccated pharynx, so was his music passing through our *meatus auditorius externus*. But as he has removed no further than 351 Eighteenth street, Brooklyn, we shall hope to soon see his pleasant face lighted up as it will be with a paternal smile as the boys shout for a "Solo! Lawrence! Solo!"

AFTER listening to his first lecture in Materia Medica, S——, of the Class of '86, is reported to have said that he saw "no need of any other drugs, as that might be used in all the diseases human nature is heir to," being, according to his idea, "a sovereign specific and instantaneous remedy for distempers—acute, chronic, nervous, general, local, real, and imaginary—for gunshot wounds, cross eye, simple and compound fractures, casualties of all kinds, and sudden death."

THE ranks of '85 have already been re-enforced in a manner which, if only continued, will soon result in their numbers being doubled. Close, who came from far-away California, was the first to secure an assistant in his growing practice. The marriage took place on Tuesday evening, April 21, 1885, in the First Presbyterian Church

of Boston, a large audience being present. The ceremony was performed by the Pastor, Rev. V. A. Lewis, D.D. The lady was Miss Evangeline L. Lewis, daughter of the officiating clergyman. After spending about a week in Boston and vicinity, they came to Brooklyn, where they are now located at 170 Hart street.

THE following will be unpleasant news to many. We hope to hear of his improved condition. Let us know, "Chat," how you are:

EXPLODING FULMINATE.

"Dr. A. D. Chattaway, of Ilion, was seriously injured yesterday afternoon by the explosion of a quantity of fulminate. The next morning after the burning of the cartridge works, July 7th, an earthen dish was found in the ruins that contained four or five pounds of fulminate. It was covered with water and filled with dirt and rubbish. Dr. Chattaway took the dish and set it in his cellar, where it remained ever since until yesterday, when he thought to dispose of the explosive and took it to the river. When about to throw it into the water it exploded. He was turned clear around and thrown on his face on the ground. M. D. Angell, who was with him, lifted him into a wagon and took him home, and Dr. Draper was called. Dr. Chattaway is severely hurt about the face and hands. The doctor thinks he will recover his eye-sight, although his eyes and lips are now badly disfigured, so that it will be a long time before he will recover."

Our New Men.

BELOW we print in full as far as we could ascertain so very early in the year a list of the new matriculants. Nearly all of them belong to the Freshman Class. The number is very encouraging when we consider that many will yet come in. Probably it will not be until after the Christmas recess that the class will be swelled to its full size. With such a full number on entering, '88 ought to be as large as any class ever graduated. We predict for them a highly successful college course and a brilliant professional career:

Allen, W. C. New York.
Baker, A. C. New York.
Bowen, G. B. Texas.
Carr, H. L., R. S., Cornell. New Jersey.
Clausen, B. New Jersey.

Cummins, T. H. New York.
Curran, J. J. New York.
Fletcher, C. P. New York.
Gill, J. W. New York.
Gwynn, C. A. New York.
Hamlin, F. W., A. B., Amherst. Massachusetts.
Haviland, W. H. New York.
Himnan, R. E. Georgia.
Hoag, A. A. Connecticut.
Houghton, N. H. Massachusetts.
Jackson, J. C. New York.
Jacobson, F. A. New Jersey.
Jenkins, R., B. S., Cornell. New York.
Jewett, H. C., A. B., Brown. Massachusetts.
Johnson, W. W. New York.
Jones, H. S. Massachusetts.
Kasdendeeck, J. T. New York.
Landauer, S. New York.
McGeary, H. Pennsylvania.
McGraw, D. H., A. B., Cornell. New York.
McIntosh, S. D. New York.
Mandeville, F. A. New Jersey.
Miller, H. T. Ohio.
Moriarty, P. C. New York.
Mowbray, J. L. New Jersey.
Olmstead, E. M. New York.
Parker, E. K. New Hampshire.
Platt, C. M., A. B., Yale. Connecticut.
Robinson, W. B. New York.
Sawyer, W. H. New Hampshire.
Sharger, A. New York.
Smith, E. S. Connecticut.
Stillwell, B. W., L. L. B. New York.
Staples, E. L. New York.
Sweet, R. V. New York.
Van Bergen, H. H. Pennsylvania.
Van Denburg, W. H. New Jersey.
Vanderwerker, W. W. New York.
Ver Nooy, C. New Jersey.
Wakeley, W. A. New Jersey.
Ward, C. A. New York.
Wiggins, T. C. New York.
Woodruff, J. M., A. B., Princeton. New Jersey.

Landis, H. J., M.D. Arkansas.
Lewis, G. W., A. B., Cornell. New York.
Oley, S. W. New York.
Theel, T., M. D. New York.

THE CHIRONIAN

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THE CHIRONIAN will be sent until ordered discontinued.

A POEM by Prof. Helmuth will be found in this number, and the first of an interesting series of letters, by Prof. Deschere, will appear in our next issue.

WHILE some of our Alumni have manifested sufficient interest in the establishment of a Library to forward books and magazines, the great majority have remained indifferent. We hope that now a beginning has been made, that more will send either books or money to help the work along.

WE publish in this number an article by Prof. Moffat which deserves the attention of every student. The theory that the doctor advances to account for the curative action of drugs homœopathically given is not new, but is briefly and clearly stated. Since the time of Hahnemann, whose keen and subtle mind conceived this explanation of the cures wrought by homœopathy, nothing has been advanced at once

so simple and satisfactory as this. But it is not claimed that this explanation is perfect or incapable of improvement; or even that it may not at some future time be entirely superseded by a better one—should a better one be advanced. It is by no means put forward as an article of faith. It is tentative in character, as are all scientific theories. It has never been claimed that homœopathy was perfect and complete in all its parts any more than any other of the natural sciences. But we do claim that it is founded upon scientific principles and is, therefore, open to advancement.

THE mind of the average medical student regards with a peculiarly deep interest that simple article of household furniture commonly called a cushion. Doomed as he is, to sit hour after hour on benches which at the best are far from being "flowery beds of ease," it is perhaps, not surprising that he should look with sincere affection on anything which can alleviate his sufferings. Now a cushion was designed for just such cases. It seems to meet all the symptoms, and is used in doses to suit individual preference. Every size, shape and color imaginable is represented in the collection in use at present. It may be the chief end of a cushion to relieve in a measure the tortured ischii, but its usefulness does not end there, by any means. As a weapon of defence and offence, it probably has no equal, unless it be the broom stick. One of those disks of curled hair, encased in leather and well compressed by long use, is a projectile not to be scorned. And when it is aimed and fired by a senior who has for three years spent the intermission between lectures in practice, its execution is truly remarkable.

THE class of '86 at its first meeting this year, appointed a committee to ascertain what the general sentiment is in regard to having a class

supper. It certainly ought to be found favorable. All who were present at the supper last spring, must remember what a jolly time we had together. It was unanimously voted a success. There is no reason why we should not have a still pleasanter time this year. These social occasions bring out unexpected qualities in every man who has any individuality, and aside from being enjoyable, serve an important end in making us mutually better acquainted. To spend three years of study together, and graduate knowing one another only as so much *Materia Medica*, *Surgery* or *Practice* would be not only disgraceful, but we should miss all those points which give us an insight into the real character of a man. Nothing will so create and strengthen individual friendship, class feeling and college pride as these occasions, when we meet outside the lecture-room forgetting all distinctions of class rank, while each man contributes his share of entertainment for the rest.

As to the best time to have a banquet this season, the week before the Christmas holidays has been suggested, and certainly has many advantages. If it is postponed until the last of the year, the alumni supper will follow closely upon its heels.

PROF. ALLEN, this year as last, will devote a portion of one hour each week to a *Materia Medica* Clinic. This clinical instruction is highly prized by our students, and, coming as it does from our able Dean, its utility can not be overestimated.

This course covers many important points for the student. He is taught in the first place, how to question, how to draw out from the patient, points important, and how to repress unimportant details, (a matter of moment in a certain class of patients).

He is also instructed in a general way, what things to make prominent in basing a diagnosis and a prescription. Then each student by turn is requested to name the remedy covering the patient's symptoms. The drug is then discussed, and shown to be well indicated or not, and why. All other remedies advanced are taken up, and disposed of in the same manner ;

so it really becomes practice for each member of the class.

It is not so essential that the patient re-appear, for, the point of greatest interest to the student ends with the prescription.

Dr. Allen has also given more time to the principle of drug action, than heretofore in order that we may become more familiar with the truths lying at the base of our system of medicine. We only wish that more time could be devoted to the pursuit of these things.

THE size of the entering class has excited some comment, and it has been said that were the Freshman quadrupled in number it would greatly benefit the college and students. The idea that the rank and standing of a college depends in great degree upon the number of men enrolled as students is peculiarly an American one, and to the superficial reasoner this numerical method of rating institutions of learning seems sound. But there is an "undistributed middle," which unsettles the premises, and renders the conclusion false and misleading. It is no more true that "the greater number of students the better the college, than the smaller number of students the poorer the college." Among intelligent and educated men the standing of any given college is determined, not by calling the roll and considering the sum total of matriculants, but by weighing the work done by the faculty, the scholarship of its graduates and observing along what lines investigation is directed. It is true that to do the very best work, any college needs a certain number of students, but this limit is soon reached, and after that, as far as scholarship is concerned, additions to the number avail nothing. Now in our own college a larger entering class would simply mean diminished clinical advantages. By this we mean, not that we fail to offer all the advantages of colleges twice as large, numerically speaking, but that the opportunities for individual instruction, and close personal training under the eye of an experienced teacher, would be lessened as the class increased in size. Our college is gaining in numbers quite fast enough. We do not want unwieldy classes, but the day is evidently drawing near when the

numbers of a few years back will be doubled and trebled.

YEAR by year the department of *Materia Medica* in our school receives additional consideration and takes to itself new importance.

It is characteristically progressive. New remedies are being studied, older drugs are being analyzed and their sphere of action more clearly defined, and so as our *Materia Medica* towers upward, it at the same time broadens its base.

Of course, the knowledge of new substances, whose sphere of action can be clearly outlined, may prove invaluable; but would it not be better to devote our time more especially to purifying and sifting indications already obtained from drugs than to bring new medicinal substances, not carefully tested, to our hands?

Every symptom a drug can produce is valuable, but it requires more diligence and more careful scrutiny to eliminate indications not due to the drug taken, but present in the patient at the time of proving, than is often given. In this way, that is, by carefully re-proving our insufficiently tested drugs, we will come to have clean-cut, definite ideas in regard to drug action and accurate prescribing will become at once more easy and more general.

This attempt at classification is being made by Drs. Allen and Moffat, and has already awakened new enthusiasm in the class.

Drugs are to be arranged according to their *special* action on the different tissues of the body.

This evidently will be a great aid, for, so soon as a diagnosis is made, a group of remedies presents to the physician's mind, from which, probably, he may select the remedy indicated. Again, many of our drugs have not been sufficiently proven to demonstrate their precise and full action, and are prescribed upon symptoms and lesions they would cause were the drug exhibited further in the proving. Let these be carefully tested. Indeed, there is many a *terra incognita* even in drugs we so often use, which, if well explored and faithfully brought out, might rob undiscovered medical substances of the importance we now give them. We are constantly

looking for something new, while possibly the new lies undiscovered in drugs familiar to all. Moreover, by a system of thorough and exhaustive provings we may arrive at specifics, the goal of all drug investigation.

THERE is a tendency among doctors to become bald-headed, which nobody can deny. It seems to be a morbid tendency—a matter of sheer “cussedness” on the part of the hair—which the profession resents in vain. It is not due to marriage. It is notorious that doctors in single blessedness rapidly become either bald-headed or gray. These and kindred facts well known lead us to put on record what we know about hair. In the language of the notorious school-boy we exclaim: The hair is very useful. We would not know what to do without hair. Babies cry for it, and the wild and untutored savage yearns after it to such an extent that he has been known to arbitrarily and unceremoniously remove it from the head of his adversary, thereby rendering him somewhat prematurely bald. According to Darwin, hair was more fashionable in remote ages than now. Long hair came in with Samson. It did n't go out with Samson, although it was the occasion of Samson's going out. Notwithstanding his hair was long, he was a man of brains and resources, for he slew his thousands with the jaw-bone of an ass. Since then other long-haired geniuses have attempted the same feat with this slight difference, that each invariably employed his own jaw-bone. This is, however, irrelevant. Let us again consider the condition of the bald-headed man. It has recently been discovered that emotional excitement reddens the hair, while quietude and sleep tones down the primary color to a natural tint. In consequence of this important and startling discovery the ordinary methods of manifesting approval at theatres and other public entertainments will be done away with, and in place of a weary clapping of hands or a riotous stamping of feet there will be substituted a noiseless change of the color of the hair of the audience according as it is pleased or the reverse. When the heads of the audience become of a golden hue, the speaker will feel that his efforts are highly appreciated,

but, when a neutral tint appears, he will be overwhelmed with shame. Now contemplate an audience of bald-headed men. How are they to show their approval or displeasure. However, if bald men are short of hair, they have abundance of forehead. Chronic baldness is generally incurable. Preparations for bringing out the hair are generally successful only in bringing out what hair there was left when the patient resorted to them. Never say 'go up there bald head' to a bald-headed man, unless you know your man. The effect is uncertain, and sometimes not pleasing. Although women prefer long hair, many men don't wear it long—on the top of the head. Many don't wear it longer than twenty-five years. This article on hair is patented, and is not intended to be bawled over.

A Patent Leg.

A BENEVOLENT lady "down East," whose sympathies were aroused by the wooden leg of a fisherman stumping around the rocks on the coast of Maine, wrote to a surgeon of New York—a particular friend of hers—regarding the propriety of purchasing an artificial leg for the piscatorial gentleman. The surgeon in reply stated that the necessary machinery of a well working "*cork*" leg would be rather damaged by salt water and sea air, and therefore, perhaps, a wooden leg of the old-fashioned sort would be preferable. The entire story, the correspondence and the results are well told in the following lines :

"CAVEAT EMPTOR."

"NE SUTOR ULTRA CREPIDAM."

THE SURGEON.

DOWN Gotham way there lived a man,
And he was wondrous wise ;
One of his veins of knowledge ran
Toward legs of every size.

THE LADY.

His friend, a charitable dame,
An aged pensioner had ;
Bethuel Grimes it was his name,
His left leg it was bad.
He had but one to stump the State,
His work he must abandon ;
This was his most unpleasant fate,
He'd not a peg to stand on.

A shark which down upon him bore
Did leg from body sever.

("One foot on sea and one on shore
To one thing constant never !")

The lady wrote : " I want to buy
A leg for Bethuel Grimes.

So, far and near must I apply,
In these penurious times.

Now, if you 'll give your knowledge free
And gratis unto him,

I 'll sing your praise extensively
When he 's all taut and trim.

THE SURGEON.

This doctor wise of Gotham, he
Then said he 'd look around,

But could n't see why Bethuel G.
(His *left* leg being sound)

Could not just worry on, and fish
In fine or foggy weather.

The dame replied : "'T is Grimes's wish
To use two legs together."

The surgeon then (a modern seer)
Said : " It 's a Yankee trick ;

Your semi-lunar 's out, I fear*
You 're semi-lunatic.

You fancy that all legs are weak ;
I think it 's just a hobby.

Besides, you tell me I must seek
Something that 's much too nobby.

A leg that 's with machinery
Composed, and set in motion,
Adds beauty to the scenery,
Unusual at the ocean.

If damp the day, a sudden kick
The knee would backward bend.

Oh, get, I pray, a common stick,
"T were wiser in the end !"

THE CONTROVERSY.

But she, with him prepared to cope,
Declared, with tears hysteric,

" A *cork* leg is my only hope."
(The term it is generic.)

" If Grimes on his fantastic toe
Should wear a cork-soled shoe,
His light and happy soul will show
Sole gratitude to you."

The Doctor stern refused—but more
The lady kind insisted.

The Doctor raved, and roared and swore—
The lady still persisted.

So out he went in hopes to hit—
The shops in looking over—

Upon a stylish, cheap misfit,
To suit this wild sea rover.

He searched at eve, he searched at dawn,

* This lady has suffered from severe disease of the knee.

At shops both near and distant ;
 At last—he found a leg in pawn,
 He bought it on the instant.
 He packed—and worried between whiles,
 His health and strength imperilled—
 'T was rolled, and wrapped in many files
 Of Gotham's daily *Herald*.
 At last 't was shipped down to the coast
 Where roars the mighty sea.
 Then, with a soul as tempest tost,
 The Doctor, down sat he.
 He waited patiently and long ;
 At last the letter came,
 He singled it out from the throng
 That bore his well-known name.

THE LETTER.

"You said 'a misfit is the sort
 That's proper,' in your letter.
 The leg is long, the man is short,
 'T would fit a giant better.
 The only leg that now is *left*
 To Bethuel is the *right*,
 Of his *left* leg he was bereft—
 He's in a hopeless plight.
 That two *right* legs are useless quite
 As none at all 't is clear.
 And Bethuel he is showing fight ;
 He's sadly '*left*,' I fear.
 If he this *right* cork-leg should put
 Upon his wrong *left* side,
 Off to the hills would start one foot,
 One toward the water glide.
 'T is plain one foot must backward walk
 If him we'd fit with this.
 Your misfit is, for all the talk,
 No fit ; but, hit or miss,
 Two rights a left will make—no more
 Than two wrongs make a right ;
 The waste of timber I deplore,
 But G. 's a sorry sight !
 He now returns the box to you,
 The leg and foot to boot.
 When kneedy soles next sue, Oh do
 Go to the very foot.
 Of the whole matter, sir, I beg,
 Preserve this maxim trite,
 Like your suppositious leg :
 Be sure that you are *right*."

October 9, 1885.

The Homœopathic Theory.

Editor of THE CHIRONIAN:

DEAR SIR:—In my Materia Medica Quizz
 Class, recently, the rationale of the Homœo-
 pathic cure was discussed ; the why and how a

correct prescription under the law of *Similia*
 would prove efficacious, and an incorrect one,
 useless ; also the importance of every student and
 practitioner having a clear, well defined reason
 for the faith he professes. We frequently meet
 with inquiries from old school physicians, and
 also from intelligent patients, as to what homœo-
 pathy really is, how it differs from other schools,
 and how such small doses can prove curative.

A concise, logical explanation of our law, will
 make a strong point for scientific homeopathy,
 therefore, at the close of our discussion, I was
 requested to send the line of argument then fol-
 lowed to THE CHIRONIAN. I now comply, but
 with hesitation, because the substance of what I
 have to present must be already familiar to every
 student of the Organon. The following is sub-
 mitted, not as an established fact, but as the most
 rational explanation we have yet seen, but it must
 at once give place to a better, if such should be
 offered, though it may be long before a keener
 mind appears, than that of its originator, our
 revered Hahnemann. As premises, we claim three
 self-evident propositions.

I. Every drug *is* a drug by virtue of its power
 to excite in the organism a specific artificial dis-
 ease—the so-called "drug effects."

II. The "drug disease" is greater in intensity,
 but more brief in duration than the natural dis-
 ease.

For instance, opium poisoning threatens to over-
 whelm life, but if the patient be kept alive till
 the poison is eliminated, all symptoms quickly
 subside.

III. There is constantly active in the system a
 vital force (the *vis medicatrix naturæ*), which is
 striving to throw off disease, and re-establish a
 condition of health, that is to restore the normal
 balance of function. For example, a person
 readily and spontaneously recovers from a cold
 or a slight injury. We say "nature cures him,"
 or "he gets well himself." Now with these three
 points granted, the rest follows naturally.

Our patient is suffering with a given disease.
 We find and administer the drug which, in a healthy
 person produces the most similar, and if possible,
 identical symptoms. What follows ? The drug
 excites its "drug disease," but the symptoms be-

ing so nearly, or quite identical with those already existing, the drug disease and the natural disease coalesce as it were, and we simply see an aggravation of our original trouble.

But remember this "vital force" is constantly striving to restore the lost balance of function, and simultaneously with the aggravation, it is roused to greater resistance.

The drug disease being transient, the aggravation quickly subsides, leaving the vital force stimulated, and with a now relatively weakened disease to subdue. The stimulation lasts longer than the aggravation, so in this condition it is able, to a certain extent, to bring about a more normal condition; but as the work flags, another dose acts as a fresh stimulus, and we thus, little by little, aid nature to make the cure in the best and easiest of methods, leaving no baneful drug effects to combat long after the original cure.

Now suppose a faulty prescription be made, a drug administered which does not cover the case as a similitum. In this event, as before, the drug excites the "drug disease," but, being dissimilar, it fails to coalesce with the natural disease as in the former case, and though the "vital force" is roused to resist it, the resistance is in a different line, so that, when subdued, the original trouble is left untouched by the disturbance.

The dose administered should be such as to simply rouse the vitality without making a perceptible aggravation of symptoms.

This is readily accomplished, for the resisting force is continually active, and responds instantly and powerfully to the proper stimulus.

It is urged by some that if this be true, and a patient were lying at the point of death, an accurate homœopathic prescription would kill him, for the aggravation would bring the end before the vitality could be roused to save him. This is fallacious, for the vital stimulation does not *follow* the aggravation, but is simultaneous, thus rousing the system to withstand even this increased illness and to rally more rapidly upon its subsidence.

E. V. MOFFAT, M.D.

Surgery.

An Anomalous Case of Intra-Capsular Fracture of the Femur.

BY GEORGE CLINTON JEFFREY, M.D.

ON the evening of January 20, 1884, I was called in haste to visit Mrs. D—, of this city, who, according to the messenger, had just fallen on the ice upon the sidewalk in front of her door. Upon arriving at the house I found my patient, a lady in her eighty-sixth year, upon a sofa, where she had been placed by her friends immediately after the accident. Naturally, I surmised the trouble, and simply from the well-known fact which experience among all surgeons has established, that a fall with inability to rise in one of extreme age announces with scarcely an exception a fracture of the neck of the femur within its capsule. My suspicions, after a thorough examination into all the conditions of the case, proved correct. I found a shortening of possibly one inch, with an eversion of the toes. Without the necessity of another symptom, the diagnosis was proved, although my patient suffered extreme pain at every effort to manipulate the joint or discover crepitation of the fractured edges, which I was unable to accomplish. After having her placed upon a bed, which was raised at the foot two inches, I applied a weight of seven pounds, which was attached to a rope running freely through a pulley at the foot of the bed. An extension splint from the axilla to the foot was also applied, and maintained in place by bandages around the body and leg in four or five separate places. I maintained the treatment which I have just recited for a period of two weeks, except that I gradually increased the weight at the foot until ten pounds had been attained. I now concluded to remove the extension splint, owing to its being so very cumbersome and unyielding, thereby distressing my patient, and I replaced it with bags of sand, which were stationed from the axilla to the foot on the outer side, and from between the legs to

the foot on the inner side of the fractured leg. During the period up to this point the fever that was excited and maintained was sufficient to cause me some anxiety lest it should undermine my already enfeebled patient. By appropriate remedies, however, I was by the end of three weeks able to pronounce the temperature as normal. Recalling the advice of Sir Astley Cooper in cases of this nature, I at this time considered the advisability of permitting my patient to sit up as much as she was able to do, assuming that the leg would be of no further service, and that she would be in a more comfortable condition, provided the limb could be placed so that she would be comparatively free from pain. The proposition to adopt such an apparently radical means in the treatment of a fracture met with a prompt protest from the family, who had received an abundance of gratuitous advice from the neighbors upon the proper treatment of such cases (as *sometimes* occurs in other maladies), and I was left in the uncertain position of following the advice of those for whose opinion I had no respect, or determine upon some surgeon of sufficient prominence to endorse my methods and approve of my course. The family assented to my calling to my assistance Dr. Arpad G. Gerster, of New York, many of whose operations at the German Hospital I had previously been fortunate enough to witness. Dr. Gerster, after a most thorough examination of the case, confirmed my diagnosis of intra-capsular fracture, and advised that the patient be allowed to sit up as much as she was able to do. Two months after the injury Mrs. D. was able, with assistance from members of her family, to sit up a few hours at a time every day, and a few weeks later found her dressed every morning to remain in her chair for nearly the whole day. Much comfort was provided her by the use of a steamer chair which permitted a number of changes in her position as she desired them. I now suggested the use of a pair of crutches, believing that she would soon be in a condition to pass from one room to another; but this was the slowest course in the case, and, owing to her naturally enfeebled condition, it was fully a year after the injury before she felt

sufficient confidence in herself or sufficient strength to use her crutches with ease and convenience. The recital of the case to this point compares with many another one in the history of other surgeons, and so much I grant. But when I say that Mrs. D., who was eighty-seven years of age last month, has so much recovered that she has a very slight amount of shortening, is able to go up and down stairs without assistance, and two Sundays since walked two blocks to church without her crutches, I think that I shall be permitted to retain the distinction of having had a very anomalous case of intra-capsular fracture of the femur.

Clinic at Hahnemann Hospital.

TUESDAY, October 20th, at 2 P. M., twelve members of the senior class, constituting the section invited by Prof. Helmuth to witness the operations of the day, assembled in the operating-room of the Hahnemann Hospital.

The first patient was a lad of twelve years suffering from necrosis of the first phalanx of the ring finger of the right hand. It had been determined to amputate at the middle of the shaft of bone, saving as much as possible. Patient being anaesthetized, anterior and posterior flaps were made, the bone severed with forceps, the arteries ligated and the wound closed by two deep stitches and three superficial ones. This consumed very little time, though Prof. Helmuth proceeded slowly, explaining as he operated.

The next patient shown was Mr. C., on whom Prof. Helmuth had recently operated for strangulated epiphlocele, making an incision from the external ring to the bottom of the scrotum and removing the omentum which constituted the hernia. An accumulation of fluid at the bottom of the scrotum had obscured the diagnosis somewhat, and the omentum was only removed after considerable dissection, many adhesions having formed. The hernia had existed for years, and had several times caused trouble by becoming strangulated. The wound looked healthy and the patient felt bright and was doing nicely.

In the meantime Prof. Doughty had appeared, and while waiting for the next patient to become

anæsthetized he gave us a most lucid description of the anatomy of oblique and direct inguinal hernia.

The second operation which we were to see, was one for the radical cure of hernia. The patient was a middle-aged man, and the protrusion perfectly reducible. The Heatonian method, by injections of an ethereal solution of *Quercus alba*, had been repeatedly tried, as many as twenty minimums being injected at once, but no noticeable improvement caused. This may have been partly due to the fact that the patient would not follow instructions in regard to after-treatment. When fully under influence of ether an incision was made through integument and fascia extending from the external ring down the side of the scrotum. The underlying tissues were then divided on a director down to the cord. The bleeding points were caught and tied as the operation proceeded. Now, by means of a glover's suture, the pillars of the ring were brought together and as much other tissue, peritoneum and fascia as could be made available was included to fill up the ring. The expectation was, of course, that sufficient inflammation would ensue to produce adhesions and consequent obliteration of the opening. The wound was now closed by one pin deeply placed and several silk sutures. Prof. Helmuth was assisted by Prof. Doughty and Dr. Fulton.

Before leaving the hospital we had an opportunity of seeing another very interesting case. The man was suffering from ischio-rectal abscesses, hæmorrhoids and fissures in one. To still further complicate matters, he had the hæmorrhagic diathesis, and bled profusely from any slight cause. The external hæmorrhoids having been ligated, were sloughing off. Altogether, the case was a very rare one.

The class returned to college feeling well repaid for making the visit, and very grateful to Prof. Helmuth for affording the opportunity.

THE opinion now held by Cloverdale physicians that "raw cow's milk is better for children than boiled" is very gratifying, as a raw cow gives much more milk than a boiled one.—*Cloverdale Reveille*.

Case of Varix.

BY S. H. KNIGHT.

JULY 15; Joseph Horner; age 15 came into the dispensary surgical clinic. The patient was a good specimen of a healthy country boy. On his right thigh just above the knee joint, and to the inner side of the extensor tendon, was a slight swelling. Upon palpation, the tumor was found to fluctuate, was soft and compressible; and could be made to disappear, apparently in the direction of the knee joint.

The boy gave the following history. Some three or four years before he had been struck by a sleigh, and soon after the accident a swelling appeared in the place above described. Again a year or two afterward he was hit in the same place, this time by a base ball. The tumor now became larger and after prolonged exercise gave him pain. It was smaller when lying down at night, and at times would disappear almost altogether, but would return upon vigorous motion of the joint, and by continuing the motion, could be made to assume the size of an adult fist—its ordinary size being that of a hen's egg. From its traumatic origin, its peculiar method of disappearing and reappearing, and its fluctuation, it was thought that the tumor might be an adventitious synovial sac connected with the knee joint. A rubber bandage was applied for a short distance above and below the swelling, and the patient was instructed to wear it at all times, except during the night. He was also directed to return soon. On his return he said he could run and play as well as any boy as long as he wore his bandage, but that as soon as he took it off the swelling returned and troubled him as before. He was directed to keep the bandage on always during the day, and keep as quiet as possible. The boy kept coming to the dispensary once in every few days up to the commencement of college. At that time the tumor was somewhat smaller, but not very much so. At the second clinic he was brought before the class, and it was thought possible that it might be a fatty tumor, which now and then disappeared under the tendon. To settle the matter,

an exploratory incision was determined upon. The skin and fascia were cut through under antiseptic precautions by Dr. Cornell and a large varix made its appearance. Any radical operation being considered out of place, the wound was closed, pressure instituted by means of a pad and bandage and the boy has since done well.

Theory and Practice.

Tubercular Phthisis from the Beginning.

BY J. W. DOWLING, JR.

IN the course of his lectures last winter Prof. Dowling, while speaking on the subject of tubercular phthisis and the differential diagnosis of that condition from the fibroid form, referred to a case in his private practice, which was under his care at the time, and in which he had given the opinion that the patient was in the incipient stage of tuberculosis, basing his diagnosis upon the history of the case, with the physical examination as recorded below. The question of the correctness of the opinion has been settled by the result.

History of the Case.—In January, 1885, the patient presented himself for examination and to obtain an opinion of his condition. The following family and personal history was obtained: His father, mother and brother are all healthy. All the living relatives of his mother are healthy. His mother's grandmother and aunt died of consumption. His father has one delicate brother. The patient himself as a child was always delicate. Was not strong and active like other boys. Had not had epistaxis in childhood. Had malaria for two summers. At one time had an attack of "congestion of the lungs." Six years ago had an attack of rheumatic fever, but recovered nicely with no shortness of breath as a result. Has had during his life no very serious illnesses. For the past two or three years has been feeling rather unwell and debilitated. Feels draggy and tired. In October last he lost his appetite and

began to lose flesh noticeably. Then followed a month of increasing debility, but with no acute sickness and no cough. About the first of November he was taken with a cough, which has lasted ever since, and which now troubles him greatly. With this cough he has in the morning expectoration of yellow-colored mucus, which at the beginning was of the same character, but of late has increased in quantity. At times he has had pain below the right scapula, aggravated by the cough, and somewhat so by deep inspiration. He has had no spitting of blood, but night sweats since the beginning of January. At present his appetite is not good. His bowels for the past six weeks have been loose, with one watery evacuation a day. He is always thirsty about noon, sometimes for the rest of the day. As a rule has some fever about three P. M. and in the evening.

This patient had been told by his former physician that he was suffering from malarial fever, and had been treated accordingly.

Physical Examination.—Height, 5 feet 7 inches; vital capacity, 180 cubic inches; dynamometer, right hand, 80; left hand, 68; temperature at ten A. M., 101°.

On inspection the patient was found to be moderately well nourished. There was found to exist a slight depression in the supra and infra-clavicular regions of the right side. The respiratory movements were more marked on the left side than on the right, and in the right supra and infra-clavicular regions there was absence of respiratory movement, both anteriorly and posteriorly. On measurement, however, there was found to be a perfect uniformity of the two sides of the chest. On palpation the vocal fremitus was found to be more marked on the right side.

Percussion revealed a dullness over the entire upper lobe of the right lung, more marked at the apex. The areas of cardiac, liver and spleen dullness were normal.

Upon auscultation fine crepitant and sub-crepitant rales were heard, diffused over the upper portion of the right lung, anteriorly and posteriorly. There were also found friction murmurs in the scapular region of the right side. Elsewhere the breathing sounds were normal in character.

After detailing the above to the class, the professor announced a diagnosis of tubercular phthisis, basing his opinion as to its tubercular nature upon the following points: The fact that the local lung trouble was preceded for so long a time by the general constitutional symptoms of weakness and debility. From the fact that the diarrhoea began at so early a stage. From the daily febrile rise of temperature, and from the fact of so small a local lesion having given rise to the fever and night sweats at so early a time in the history of the disease. It may here be noted that in January the patient had a perineal abscess, which broke externally and left a blind fistula, this being an additional fact for the diagnosis, as it is a condition quite common in tuberculosis. This fistula continued to discharge throughout the entire course of the disease. After hearing this case, Dr. Timm, then a member of the class, and an expert in microscopy, requested that he be permitted to examine microscopically a specimen of the patient's sputum. This was done, and the diagnosis was confirmed by the discovery of the tubercle bacillus in the specimen.

From this time on the history of the case was more or less progressive. He was placed upon Aconite, Phosphorus, Calcarea phos. at different times, and also upon an infusion of mullein leaves, of which he took large quantities. In April another thorough examination showed that the lung trouble seemed not only to be at a standstill, but the condition of the patient seemed actually to improve, though at no time did a day pass without fever, and the night sweats continued, though not quite so excessive as before.

About this time came the inevitable clamor from the patient's friends that he be sent away to a climate more mild and less changeable. At first Bermuda was selected, but as Prof. Dowling's experience in sending patients there had been far from favorable, it was finally decided that the patient go to Colorado City, where he remained till September. While there his disease progressed, as was anticipated, and on his return, as I had formerly frequently seen the patient, I could appreciate how greatly he had changed for the worse, and how surely in a short time he would

be unable longer to combat with this fatal disease. He was emaciated almost to a skeleton. Physical examination demonstrated an actual destruction of the upper and middle lobes of the right lung, and the upper lobe of the left, and in the latter locality there were evidences of the existence of large cavities. The lower lobes were doing moderately good work. The regular rise of temperature in the afternoon reached sometimes to 102° or 103° . The night sweats were profuse and exhausting, and there was offensive diarrhoea, the fistula, above mentioned, still discharging. The patient's appetite was poor, but it could be tempted by delicacies, and, as is so often the case, he was encouraged to believe that he would still improve and eventually recover.

In a short time, evidences of a laryngeal ulceration set in, and, in addition, there was an aphthous condition of the mouth. This latter was controlled to a marked extent by kali bich., externally, and a local application of a solution of borax.

The patient gradually grew weaker and weaker, and soon after I saw him last, when he was in a semi-conscious state, with just power to move his limbs, he died from exhaustion.

As a commentary upon this case it may not be out of place to quote the following paragraph from Memeyer's "Practice of Medicine":

"The development and progress of tuberculous consumption differs essentially in type from anything hitherto described, and its symptoms are so characteristic that the diagnosis of this form of consumption (which is not common) is, as a rule, easy. In the first place, it has no precursory catarrh. The fever and wasting are not deferred until the sputa become profuse and purulent, the tubercular eruption being accompanied by a marked elevation of temperature and rapid emaciation of the body from excessive calorification. If we are informed that a patient did not begin to cough and expectorate until several weeks after he had begun to decline in strength and to grow pale and thin, there is always reason to fear that he has tuberculous consumption. Our suspicion will receive confirmation if the patient be unwontedly short of breath, and if at first physical examination of the

chest give negative results. At a late period the percussion sounds may grow dull from consecutive pneumonia, the respiratory murmurs becoming bronchial and the rales ringing; but the solidification is rarely as extensive as in the forms of consumption previously described.

"The sound of the voice and of the cough soon grows hoarse, and if there be much tuberculous disease of the larynx, and if it spread rapidly, the well-known distressing symptoms of laryngeal consumption make their appearance. Nor is it long before the signs of intestinal tuberculosis and intestinal consumption set in. Exhaustion is accelerated by profuse diarrhoea. The abdomen becomes sensitive to pressure. The malady seldom lasts over a few months, and most cases succumb even sooner."

In the case described above, the disease lasted about nine months, and corresponds very closely to the description quoted.

Anæmia.

THE causes of anæmia are so numerous it might be called a condition, rather than a disease.

It is difficult, at times, to distinguish between persistent anæmia and a weakened condition of the blood. My attempt here is not to show the causes themselves, but rather a method of helping us to find them. There are times when the system may be so affected as to make it difficult to decide whether anæmia is a cause or an effect, or to point out in the long chain of disturbances the precise link whence the trouble emanates. The cure sometimes follows such a variety of experiments that it is difficult to say which particular drug or what combination of remedies produced the desired result. A long-continued treatment with strong drugs has undoubtedly a bad effect, and I have seen a train of discouraging symptoms which could only be attributed to heavy dosing.

A very beautiful explanation was given in a recent lecture, of the fact that a person poisoned with iron and another who has a deficiency of iron in the system, both present the same appearance. In that lecture we were told, in substance,

that the amount of iron which the system requires is very small; that it commonly finds enough in the ordinary amount of food and water it receives, but if it loses a certain vitality the quantity it is able to appropriate is insufficient. If iron be given to an anæmic person in large doses, most of it is rejected, still the system takes up, for the time being, more than it needs, and if an excessive supply be continued, the system becomes overtaxed, so to speak, and consequently loses the ability to retain what is necessary, and the anæmic symptoms are stronger than before the iron was given.

The disastrous effect of a long-continued administration of iron has been so well understood by many practitioners of the Old School as to cause them, in prescribing its use, to limit the time to eight days. What is stated of iron may also be said of salt. Let us remember these facts in giving appreciable doses of iron.

The first centesimal trituration will enable the system to absorb much iron in a short time; it is well, therefore, to be content with using the third, and even this should not be continued too long. This treatment, it is very evident, is simply palliative. The fact that the system is unable to retain the iron must not be ignored. Experience teaches that iron given in even more minute doses will not always cure anæmia, for the reason that it is not homœopathic. Assuming that all the visible causes are removed, there may still remain others not apparent, and which must be treated homœopathically ere the disease can be cured. If our treatment consists in removing prominent symptoms, others more obscure may subsequently appear and give us a clue to the origin of the difficulty.

One agency helps us materially in bringing to light the true cause, by toning the system into a state of reaction, and allowing us to procure greater benefits from palliatives. This is electricity. The faradic current should be employed, and with as much caution as in administering iron. Apply the positive pole to the limbs and trunk, feeding, as it were, each cutaneous nerve, and always pointing towards the negative pole, which should be placed just above the tuber ischii and shoulder blades.

The current should run towards the origin of the nerves, and in so mild a manner as scarcely to be appreciated by the patient. This treatment should not be continued more than three weeks out of four, and at the end of two months the improvement should be such as to warrant its discontinuance. Many cases of anæmia can thus be cured by carefully eradicating all aggravating causes. It is highly important that plenty of fresh air should supplement all treatment of this disease.

Paedology.

Trismus Nascentium.

CONCLUDED.

FROM all the evidence it seems most probable that no one cause can be given for all cases of trismus, occurring as they do under such varying conditions. But since occipital displacement is so general a cause, examination of the head should always be made in order to detect and correct such mal-position, should any exist. Attention to this at the onset of the disease will not interfere with other measures, and, if successful at all, the success will be soon apparent.

Trismus may appear as early as the second day after birth or as late as the twelfth day. From its frequency about the ninth day it has been called "nine day fits." It is generally of short duration in fatal cases, two to four days being the average. In favorable cases it may run from two days to five weeks. "Sometimes the attack is preceded by premonitory symptoms, such as starting in the sleep, twisting of the limbs when awake, loud and persistent whining and crying, pursing out of the lips, lurid circles about the eyes, involuntary smiling, such as frequently occurs during sleep in attacks of colic, sudden changes of color and the hydrocephalic shriek." (Hart.) In other cases it occurs suddenly and without warning. The symptoms of the case related by Dr. Sims are typical of this disease. In some cases respiration is impeded by rigidity of the thorax, death occurring from suffocation.

Post-mortem examination reveals conditions varying like the supposed causes of the disease.

There is found serous transudation into the vertebral canal, overdistension of the blood vessels and an extravasation of blood into the brain and spinal cord. The umbilical cord presents various phases. Frequently there is nothing to be seen here and at other times only such changes as are found in perfectly healthy children. Sometimes there is an inflammation of the umbilical arteries and the peritoneum in the vicinity.

The reports of homœopathic treatment of this disease are very meagre. Of two cases mentioned by Hart as being treated homœopathically one recovered. Bell. and Ars. were alternated every hour till the convulsions and soporous condition disappeared on the second day after the attack. Bell. was then omitted and Ars. continued at longer intervals for several weeks. Hoyne gives Bell. when case presents dilated pupils, strabismus, staring eyes, spasmodic sighing respiration, involuntary discharge of urine, restlessness, with light sleep and frequent waking.

Most success he says has been obtained with *Veratrum vir. opisthotonos* being the characteristic indication.

If the trouble be caused by pressure on the brain, as Dr. Sims thinks, this must be first relieved and the subsequent course of the disease treated according to the symptoms.

By those who consider the cord to be the seat of the disease, a turpentine dressing is advised as a prophylactic. At first a few drops of pure turpentine are applied. Subsequently it is diluted one-half with olive oil, lard or butter. As a preventive this treatment is said to be very successful.

In the old school most success has followed the use of chloral in one to two grain doses.

While pressure on the brain may be one of the causes of trismus, and even the most frequent one, it can hardly be the only one in the face of the facts concerning the origin of this disease already given. Climatic influences must be a potent factor, otherwise how can we explain the increased susceptibility of Southern whites over

those of the North. And while the ignorance of the Negro in placing a child on its back may account for its prevalence among that race, we certainly do not believe that Northerners who remove to the South are any less careful of their children there than they were in the North; and yet, among this class, the mortality is greater in the South than in the North.

False Croup.

WE clip from *Babyhood* the following course of domestic treatment, to be followed in cases of false croup when a physician is not at hand. The article is from the pen of Dr. Ripley, Professor of the Diseases of Children at the New York Polyclinic, and probably presents the most advanced methods of treatment of the old school. It is interesting to note the advantages of Homœopathic treatment over that proposed below, in point of convenience, safety and curative power.

After mentioning some of the avoidable causes of croup, such as insufficient clothing, damp feet, etc., he goes on to say:—"But suppose, after all, that your boy wakes up some night with that distressing barking cough, what is to be done? First, put him into a bath of warm water, of the temperature of 100° to 106° F., and keep him in it for about ten minutes, unless he should complain or show signs of faintness. Do not, as I have known some mothers do, put a few quarts of tepid water into a big tub, not enough to cover the lower extremities of the child, and then proceed to wash it. That will not do any good. *But have sufficient warm water, so that the child's body shall be entirely immersed, the head being frequently sponged meanwhile with the warm water.* In the meantime, if you have no emetic in the house, send to the drug store for an ounce of syrup of ipecacuanha (syrup of ipecac), or, what is perhaps better, an ounce of the ipecac syrup, mixed with half an ounce of hive syrup. As soon as the child is out of the bath, unless he is very much better, give him a teaspoonful of whichever of these preparations you have procured, and, if vomiting does not follow in fifteen

minutes, repeat the dose unless the attack is relieved. Not more than three successive doses should be given without the authority of a physician. Often, although the child may not vomit the effect of the medicine on the croup will be to give relief. In such instances it produces paleness, and a cold perspiration, with dulness of the eyes, which need not excite alarm. But as a rule, vomiting will follow one or other of the doses. If not, it is dangerous to continue administering the medicine. I suggest these remedies in preference to others for domestic use because they are quite trustworthy, and, if used with ordinary care, harmless. Powdered mustard, in teaspoonful doses, mixed with a third of a glass of warm water, or the same quantity of powdered alum, with a little honey or syrup, may be used in an emergency. Some physicians leave "croup powders," ready prepared with their patients to be given in these cases.

Generally after the bath, and almost always after the emetic has taken effect, the croup symptoms decidedly abate, although the patient still coughs "croupy," and perhaps, continues to breathe somewhat noisily; but the worst of the attack is over. If now a large, hot flaxseed meal poultice be closely fastened around the child's neck and renewed hourly, the remaining symptoms will slowly disappear.

The inhaling of warm steam from a vessel containing boiling water or of steam produced by slowly plunging a heated flatiron, brick or large stone into a pail of cold water, also aid in relieving the difficult breathing in croup, and may be used at any time during the course of the disease.

Courtesy.

COURTESY is a powerful aid to him who gives and him who receives. Treat even a base man with respect, and he will make at least one desperate effort to be respectable. Courtesy is an appeal to the nobler and better nature of others to which that nature responds. It is due to ourselves. It is the crowning grace of culture, the stamp of perfection upon character, the badge of the perfect gentleman, the fragrance of the flower of womanhood when full blown.

Gynaecology.

Dysmenorrhœa.

DYSMENORRHŒA is one of the most obstinate diseases with which the Gynæcologist has to deal, not so much from the severity or obscurity of the case itself, as the diagnosis is rarely difficult, but from the opposition which must be overcome in the patient.

Being indisposed only at each menstrual period, she fails to see the importance of careful treatment during the intervals. In many cases an examination is necessary, and in the unmarried, or in those who have never borne children, an examination is often difficult, if permitted at all, owing to the narrowness of the canal and sensitiveness of the surrounding parts. In order to treat this disease intelligently we must endeavor to ascertain its causes, and find out how these conditions cause pain.

What is dysmenorrhœa?

Dysmenorrhœa is a term used to signify painful menstruation.

Pain may occur just before, during or after the flow, but is not all pain occurring at or about the menstrual period. Ovarian neuralgia is a notable instance; here we have severe pain in the ovaries, one or both.

The true dysmenorrhœal pain is in the uterus, coming on in paroxysms as a general rule, simulating the pain of threatened abortion.

While the ovarian neuralgia is continuous and darting, the throbbing, tense pain is indicative of ovaritis, and is located in the Iliac regions.

Besides the severe pain in the uterus, we may have in addition pain in the ovaries, great tenderness over the hypogastric region; sometimes this tenderness extends over the entire abdomen. This is the case where there is present perimetritis.

Obstructive dysmenorrhœa is a variety of painful menstruation which depends upon a partial or complete closure or obstruction of the uterine canal; under these circumstances the flow can only escape, if at all, with great suffering and irregularity.

Etiology.—Dysmenorrhœa may arise from congenital malformation, and the periods from the first be characterized by unusual delay and suffering. More frequently, however, it is acquired at a later stage of menstrual life, and may result from flexion, version or prolapsus.

In certain cases the cervico-uterine orifice and canal are mechanically obstructed by a foreign body, as polypus, fibroid or coagulum, and the most violent efforts fail to expel the flow, which is wholly or partially retained within the womb.

Under these circumstances retention is often described as suppression and *vice versa*.

A frequent cause is a form of endo-cervicitis in which the epithelial lining of the canal is exfoliated and lost, and adhesions are formed between the opposite sides of the canal. These adhesions, whether traumatic, post-partum or the result of cauterization, cause a partial or complete atresia which prevents the escape of the menses.

Symptoms.—The symptoms of this disorder are by no means limited to the site of the obstruction. Within the pelvis and in the back and limbs, they are similar to those which accompany ordinary menstruation, but are much exaggerated. When the patient has never been pregnant, the excretion soon fills the cavity of the uterus, causing distention, throbbing, inflammation, tenderness and uterine tenesmus.

In those who have borne children, the womb, if not more capacious, is more tolerant of the retained fluid. In both cases the presence and pressure of the blood excites contraction of the uterus; the case then partakes of the nature of labor. Reflex symptoms are here likely to develop, resembling those of labor and abortion—obstinate and painful vomiting at intervals for twelve hours, gastric derangement, constipation, bilious disorder, headache, restlessness, insomnia, spasms, and not infrequently convulsions, cramping of the fingers and toes, temporary blindness, with dilatation and contraction of the pupils. If food is taken into the stomach it is soon rejected.

Diagnosis.—If the dysmenorrhœa depends upon malformation, it can be readily recognized by the proper use of the speculum and uterine sound.

If it had its origin in puerperal inflammation, specific vaginitis or foreign growth, the previous history and treatment will facilitate diagnosis. The only diseases likely to be confounded with dysmenorrhœa are threatened miscarriage and some cases of uterine polypi.

In cases of pregnancy the history of the case will generally show that the menses have been suppressed for a time, either wholly or in part.

Treatment.—In obstructive dysmenorrhœa the treatment is chiefly surgical, for removal of the exciting cause.

Internal remedies relieve and often cure other varieties of painful menstruation, but are of little or no permanent value in this form.

In stricture or atresia use forcible dilatation by sponge, elm or laminaria tents, or by passing small sound or probe every third or fourth day, gradually increasing size. The use of tents and dilators needs caution and close observation to guard against cervicitis, cellulitis, peritonitis, etc.

The following remedies are often indicated :

Acon., actea, bell., borax, caul., cham., coculus, gels. and puls.

College Notes.

WINANS, don't jump out the window.

A MEDICAL APHORISM.—“A *persistent* symptom in any disease, in any patient, *means something*.”
HELMUTH.

THE class of '86 welcomes a number of new men who intend to receive their “sheepskins” next spring with us.

DR. A. H. HART, who has been in the service at the Ward's Island Hospital, has recently returned to his home in Unionville, Conn.

STEVE is at the Hahnemannian Hospital, and says the fare agrees with him first rate, and no longings for the dissecting room enter his soul.

E. E. MARCY, M.D., one of the censors of the college, returned a short time since from a European trip which has occupied nearly all the summer months.

WE venture the opinion that the quizzes instituted by Prof. St. Clair Smith, “without money and without price,” will become a valuable part of the winter's course.

DR. GEO. W. FLAGG, '74, dropped in upon us the other day during a short visit to the city. The doctor is located in Keene, N. H., where he is doing a thriving business.

THE once familiar face of Dr. Lyon is occasionally seen, spectre-like, flitting in or out the lecture-rooms. He does not come to stay. The next time you come, bring some music to calm our troubled souls.

THE class of '81 held its annual re-union and banquet at the Hotel Hungaria, No. 4 Union Square, on Friday evening, October 16th. The usual enjoyable time was had, and the menu pronounced the best the class had yet discussed.

SEVERAL sections of the senior class have been present at important operations performed by Prof. Helmuth, at the Hahnemannian Hospital, assisted by Drs. Wilcox and Cornell, and House Surgeon Fulton, '85, during the past few weeks.

PROF. HOUGHTON is giving the members of the senior class an opportunity to become familiar with the minutiae of aural examination. A section of four men goes down to his clinic three days in the week. The practical knowledge so obtained should be of much value.

H. C. COON, M.D., '72, of Alfred Centre, N. Y., a member of the Alumni Association, shows his love for his *Alma Mater* in the substantial way of a gift of a large number of books and pamphlets to our college library. Others have also shown their interest in the subject. Let the good work continue.

WE were never more forcibly impressed with the undoubted truth of the trite old saying, “Where ignorance is bliss,” etc., than the other day during a clinic by one of our practical professors, when T—, of '87, displayed such a happy ignorance concerning the therapeutic action of sac. lac.

DR. LILIENTHAL, our former genial Professor of Mental and Nervous Diseases, who has been

taking a well-earned vacation abroad, returned a short time since. He left home the last of May, and spent most of the time in different parts of Germany and France. He attended a meeting of the Hom. Central Verein at Hamburg and of the Homœopathic Medical Society at Norwich, England.

THE following dialogue took place in an allopathic college :

Prof. of Surgery: "Mr. —, after you had opened an abscess, would you squeeze it?"

Student: "No, sir."

Prof.: "Well, why not? What would it produce?"

Student: "A hydercele, sir!"

WE call attention to the following, with not a little pride which all the friends of homœopathy will readily pardon. It is that during the summer, our worthy Dean, T. F. Allen, M.D., A.M.; received from Amherst College his *Alma Mater*, the title of LL.D. Comment is unnecessary. Every alumnus wherever he may be will feel a glow of personal satisfaction as he reads of this merited honor received by Dr. Allen.

THE professor wishing to show the self-limiting course of infantile hydrocele prescribes *saccharum lactis* for two weeks and orders the child to be brought back at the expiration of that time, when he thinks the case will be found much improved. The above mentioned student wishing for correct notes leans over to his seat-mate, and in an earnest tone, inquires, "In what *potency* did he give that medicine?"

THE Hahnemannian Institute of the Hahnemannian College of Philadelphia has arranged for a course of lectures on medical subjects to be given the coming winter. The lecturers are our Profs. Helmuth, Danforth, Beebe, Dillow and Dowling. To Mr. E. L. Oatley, President of the Institute, is due most of the credit of carrying to execution so worthy a project. The Institute corresponds very nearly to our own Hahnemannian Society. The first lecture was delivered Wednesday evening, November 4th, by Prof. Helmuth, before a large and appreciative

audience, his subject being "What I have Seen in Surgery."

PROFESSOR DOUGHTY while lecturing on the foetal circulation, took occasion to describe the cyanotic condition producing the so-called "blue baby," when there is immediate transmission of the venous blood into the left auricle in consequence of the nonclosure of the foramen ovale at birth; and afterwards submitted the following, for the consideration of the class, which was written by a lady practitioner, to her patient explaining the above phenomenon. "The Canalis Ovalis, or Arterial canal was not properly formed in this case, so that the Canalis Artery had no proper use. Its use after the foetus has life is to convey blood from the Vena Porta to the Vena Cava in the foetus." We are now in favor of the higher education of women—especially women physicians.

THE last lecture in Surgery for the week ending October 30th, was one especially to be remembered by the class of '85. It was marked by one memorable incident calculated to show the hearty good will that may exist between professors and students. A birthday of one most especially respected for his genial quizzes and practical lectures was near at hand. Another milestone had appeared in the onward, prosperous journey of Prof. Wm. Tod Helmuth. Another volume of his life's honest work was about to be opened, and as a slight expression of their regard, and in remembrance of the day, the Senior class presented him with an elegantly decorated jar of unique design, filled with growing plants, while each member of the class wore a button-hole bouquet in honor of the occasion. Prof. Helmuth admitted that he felt very much like a student "stuck" in a quiz, "didn't know what to say," but what he did say was very appropriate, and was received with rounds of applause.

NONE are so deaf as those who do not hear when they are asked to have a drink.—*New Orleans Picayune*.

It was a brave man who declined to be vaccinated on the ground that he was not to be cowed by any living man.—*Boston Transcript*.

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THE enterprise of the present lower classes is really amazing. They have introduced what is a new feature in our institution, base-ball. This sport, which is so popular in literary colleges, has never, for obvious reasons, had any hold upon our men. There is no good reason why a medical student may not know a great deal about scientific base-ball, but there are plenty of obstacles in the way of frequent indulgence in the sport, and we have no idea that more than an occasional game will be played.

IN the last number of THE CHIRONIAN we committed an error in ascribing to Prof. Helmuth, the authorship of the poem on "a patent leg." We think, as we received the MS. from Dr. Helmuth, as parts of it were his chirography; as he corrected the proof, and as we know that he is given to the production of such articles in just such a style, that the publication of his name as the author was a pardonable mistake.

Still, at his request, we cheerfully make the correction, and believing that our surgeon is nevertheless somehow or other "mixed up" in "the patent leg," request another such "anonymous" production.

FROM the ranks of our students there has gone up in past years a constant cry for more clinics. Not because the faculty did not give them as many as in other colleges, for such was not the fact, but because every thoughtful man realized the importance of a thing so eminently practical as clinical instruction. From year to year more time has been given to this sort of instruction until at present the demand is nearly if not quite satisfied. About the right proportion of didactic and clinical teaching has probably been attained. Hitherto, one of the disadvantages of our location which prevented the performance of any surgical operation of note, has been very seriously felt. While this condition still obtains, the difficulty is met by the clinics at the Hahnemann Hospital, of which there are usually several each week. The plan of inviting to these clinics but a fourth of the senior class at a time, proves very satisfactory, and the advantages are obviously great. No doubt this increase of clinical instruction entails an additional amount of work on the part of the professors, but if the thorough appreciation of the students is any compensation, they may assure themselves of it. These hospital clinics were not begun this year, but the number has been increased. In other branches beside operative surgery, the clinics receive the same hearty appreciation from the men who occupy the benches.

Realizing fully as we do, that every effort is made by the faculty to keep well abreast of other institutions in this department as well as in all other respects we still cannot help hoping that the time may not be

far distant when we may have, in immediate connection with our college, a commodious and well-equipped hospital. Until then we must be content with frequent visits to the Hahnemann Hospital and rarer trips to Ward's Island.

THE temperance agitator and lecturer is a familiar figure to the American public. For years he has appeared before such audiences as he could gather together, and has steadily and with vehement pertinacity related his melancholy and somewhat fabulous tale. Sometimes eloquent and picturesque in statement, always energetic, generally sincere, seldom dreary and without interest, yet the results that follow are insignificant compared to the effort put forth. The good seed is either sown upon a barren soil or else the sower sows a seed that cannot yield the expected harvest. In truth, there has been more agitation concerning the temperance question than upon any other matter since that of slavery. Societies have been formed, lodges founded, literature scattered broadcast, numerous speakers employed, large sums of money spent to advance the temperance cause and arouse the people to a sense of its overwhelming importance, and yet the return for these investments is pitifully small. May it not be possible that the apostles of temperance have made some grievous errors, and that, had a different policy been pursued, greater advance had been made? Has it been the better part of wisdom to talk down to people from a conspicuous and widely advertised platform of high moral rectitude or to unsparingly and furiously denounce all who might differ in opinion? Has it been well to ignore the discoveries and disclosures of medical science, and to insist upon an acceptance of certain facts which intellectual people knew to be false? Has it been profitable to follow a line laid down by fanatics and to contemptuously cast aside the counsels of liberal and broader minds? In short, has intemperance in temperance paid? We think not. With weapons ready forged, tempered for instant use, with a vast array of auxiliaries eager to aid, with a cause so strong in right that it carried in itself an assur-

ance of victory—yet victory is not gained. The chiefs of the temperance legions substituted weapons of their own, offended and drove away their allies and destroyed all hope of triumph. The peculiar manner in which the temperance campaign has been sometimes conducted has given opportunity for the charlatan to appear. He has not been slow to improve his chance, and has disgusted and driven away many who were inclined to assist. The temperance charlatan differs in no wise from the religious charlatan. They are twin brothers. The sole business of each to which he assiduously devotes his time and efforts, is to advertise himself. His life is passed in feeding his own vanity. He seizes every occasion to present himself to public attention and metaphorically to stand on his head and dance the tight rope for public applause. He appears in the most unexpected places—a veritable harlequin. This masker, exposed, earns the contempt and scorn of mankind. And that no comedy may be wanting, as he writhes and withers under consciousness of general contempt, he exclaims that to unmask him is to lay hands upon the Lord's anointed. He is contentious, dogmatic, bigoted, intolerant. The people listen to these intemperate ranters, these screechers and howlers, and go away disgusted and dismayed. But, while little has as yet been accomplished in the temperance cause, owing chiefly to mismanagement, yet some few things have been done. The Legislatures of several States have passed bills making it obligatory to teach in the schools the physiology and hygiene, with especial reference to the effects of alcohol and tobacco. There can certainly be no objection to such a measure, if it is carried out sensibly and not as proposed by bigots. Extremists and fanatics, who ignore facts when they interfere with some pet doctrine or theory, should not be allowed to teach concerning these things. Does it do any good to teach children that tobacco is a deadly poison when they see their fathers and uncles thriving upon it and enjoying it? It is not right, for it would be false, to instruct children that alcohol is always a poison and uniformly harmful, for they may in after years find that they have been deceived. Let children be taught, says a writer elsewhere,

the hygiene which medical science endorses, and not that of the apostles of teetotalism and of anti-tobacco societies.

Materia Medica.

Indications for the Use of Cyanide of Mercury in Diphtheria.

BY PROFESSOR ALLEN.

UNTIL within two years I have not met with cases of diphtheria requiring the cyanide of mercury, although I have been on the constant lookout for indications for the drug, owing to its great usefulness in the epidemics in Vienna and in the south of Europe during the past few years. But within the last two years I have witnessed a few very clearly marked cases promptly cured by the cyanide of mercury, and in nearly every case the sequence of remedies was the same as in the following case; or, to be more exact, the early symptoms of the case required apis, and were followed by those requiring the cyanide.

A boy five years old was taken with swollen neck and rash covering the body and extremities. The tongue was furred, but not thickly so. The patient had a high fever, was very thirsty, and seemed in great distress, though there was very little difficulty in swallowing. Examination of the throat showed simply redness—no ulceration, no appearance of membrane. He received bryonia in water every two hours.

The next day the rash had extended over the limbs to the fingers and toes, and quite thickly covered the body; none, however, appeared upon the face. Both sides of the neck were swollen, the glands being infiltrated; tongue more thickly coated, and on the arch of the palate and uvula, both posterior tonsils, and extending upward to the posterior nares, was a thin, white membrane, bordered by intensely red, tumefied tissue. The thirst had disappeared and the boy seemed perfectly limp and apathetic. He would fall asleep easily, was roused easily, but complained of

nothing. His urine had become very scanty; indeed, he had passed but very little once since my last visit, and that had not been saved. He received apis 6th in water every hour. I directed the parents to save the next water he passed and send it to my office. In a few hours I received a specimen which I found very dark in color and loaded with albumen; it contained blood and epithelial casts. The early appearance of the albumenuria alarmed me, and I immediately visited the patient again. I found him less drowsy, but in other respects about the same; pulse 125, soft. Apis was continued.

He had a very uncomfortable night, was restless, could find comfort in no position; he wanted to be laid in his crib and immediately taken up again. On every change he would drop asleep for a few minutes and wake crying. He had very little difficulty swallowing. I found the membrane had extended uniformly to portions of the anterior surface of the uvula, and was now accompanied by considerable difficulty in breathing, as though the nose were stopped. There was a little acrid discharge through the nose. The neck was still more swollen and the glands somewhat larger. Pulse 132. Face puffy but pale. The rash was now fading from the body, but was still present upon the limbs. The tongue was less furred than on the preceeding day, was quite red about the edges and at the tip. His skin was no longer hot and dry, and he was sweating profusely; indeed, his mother and nurse worried lest they had kept him too warmly covered (the weather was mild); the perspiration broke forth on every slight exertion, even taking him out of his crib would cause perspiration to break out profusely on his face. The little fellow seemed perfectly limp. He was no longer drowsy, and had asked for water two or three times during the night. The condition had now completely changed, and Apis was no longer indicated. Although no membrane could be seen in the anterior nares,—examination of the throat with the mirror was impossible,—there seemed to be no doubt that the membrane had invaded the nose; the discharge was not bloody; the anterior nares were much excoriated and the upper lip was a little sore. There was still a great deal of membrane in the throat; indeed, I

saw no special change in that respect. There was no increase in the swelling externally, and swallowing did not seem to hurt the little fellow and curiously enough there seemed at no time throughout the case any great difficulty in swallowing, possibly due to the fact that the little fellow is very plucky, and rarely acknowledges being hurt by anything. He had passed water several times during the night, indeed, had wet himself two or three times, and once or twice had passed some in the vessel; it was paler in color, but still loaded with albumen. At this time, owing to the very free perspiration, and to the excoriating discharge from the nostrils, I was quite sure that some preparation of Mercurius was indicated. There were no indications for either of the iodides. The patient's pulse was extremely weak and soft. He seemed so exhausted that he could scarcely raise his hand without breaking into sweat; indeed, his profuse perspiration seemed the most distressing feature of the case. From this circumstance I determined to give him the cyanide, and prepared some pellets moistened with the sixth, a few granules in half a glass of water, a teaspoonful once in two hours. The change that took place after the administration of this remedy was truly marvelous. Improvement began at once, and steadily continued. On the next day the patient was stronger, the perspiration was less in quantity and much less frequent, and the little fellow cried for bread and butter; his mother would not give it to him, and for three or four hours before my visit, he was much distressed because he could not have it.

He did not seem to want any other food. I told his mother to let him have it. He swallowed it without difficulty in my presence, and was allowed all the bread and butter he could eat, with plenty of butter. The membrane was now separating, the line of demarcation was well formed, and during the following twenty-four hours it came away in small detached pieces, leaving a raw, granulated surface in many places. The swelling of the neck diminished, the urine became more abundant, and of a more yellow color and less albuminous. On the eighth day of his illness the albumen entirely disappeared from the

urine, and the microscope failed to demonstrate any abnormal condition of the kidney. The throat seemed perfectly free from trouble, except that it still continued quite red. The glands still continued somewhat swollen, and the discharge from the nose was still thin and somewhat acrid, though diminishing day by day. The cyanide of Mercury was continued only two days. It then gave place to sugar of milk, and finally to two or three doses of *Arum triphyllum*, which removed the last trace of the soreness of the nose.

It may be interesting to observe that twice before I have noticed *Mercurius cyanatus* indicated where there was a tendency of the process to invade the nose.

The profound prostration associated with the breaking out of sweat at every effort will generally serve to indicate the drug.

Formerly I have had many cases in which the *Apis* symptoms would persist for days, or until convalescence was firmly established and there was no occasion for any other remedy, but in these cases the *Apis* symptoms entirely disappeared before the patient began to improve and a change of remedies became imperative. In three cases now I have seen *Mercurius cyanatus* indicated after *Apis*.

As to the matter of diagnosis, of course it may occur to many that the case might have been one of scarlatina. The only symptom of scarlet fever, however, was the rash. The characteristic tongue of scarlet fever was at no time apparent. The onset of the attack was quite different from what we usually consider characteristic of that disease; and there is in my mind no room to doubt that the case was purely one of diphtheria with the scarlet rash so often present in severe and particularly in malignant diphtheria. I have no doubt in my own mind that had not the case been promptly arrested by *Apis*, followed by the cyanide, the little fellow would have died. The outlook was extremely grave at one period.

REPORT of the Brooklyn Homœopathic Hospital Dispensary for the month ending September 30, '85: New patients, 682; prescriptions, 1,662. B. E. Mead, M.D., Pres. of Staff.

Pædological Materia Medica.

A SERIES OF LETTERS. BY M. DESCHERE, M.D.

I.

MY DEAR FRIEND:

I AM delighted with your plan of making the treatment of children your specialty. Really, if anybody, those innocent little sufferers deserve our greatest sympathy; and grateful patients they are indeed. There can be nothing more gratifying to the heart of the true physician than the smile of a child recovering from severe illness. Speaking of specialties—you know that I have my own ideas about them. If they were extended in the manner they are cultivated in large cities at present (paying well, I think) we shall, after a while, cease to have physicians, and instead we may have oculists, aurists, laryngists, lung doctors, liver doctors, stomach doctors, bowel doctors, kidney doctors, men who treat only the rectum or the bladder, as well as chiropodists, manicurists, etc. And the poor victim who has any complicated condition about him or her, will have to go through a line of special hands, just like the hog in the slaughter-house before sausage is made out of it.

Such a division of labor will make the student one-sided and narrow in his views. The special study of Pædology, to the contrary, induces investigations of every organ in the body; stimulates the mind to comparative researches in all the branches of medicine.

But there is another way of dividing labor, and a much more scientific one than that of making specialties as it is fashionable at present; and that is, to have institutions, laboratories, as they are in every good university in Europe, where men devote *all their life* to the special study of anatomy, others to physiology, others to pathology, etc., and these men do not pretend to be physicians, but anatomists, physiologists, pathologists, botanists, chemists, etc. The world gains by it, as they give the results of their thorough investigations to the physician for the benefit of suffering humanity.

One specialty, however, remains for you. It is the fate of the *homœopathic* physician to fill this specialty; the *special study of materia medica*. All your anatomy, physiology, pathology, botany and chemistry will make you possibly a great scientist, but not a physician, without the special study of materia medica in the manner instituted by *Hahnemann*. The investigation of the pathogenetic power of drugs on the healthy human organism is the *only scientific basis* for their administration in diseased human organisms; and the homœopathic physician is the man who must take hold of this keystone in the science of medicine.

It is a pretty thing to argue about these points; but what I want to write you especially to-day is the manner in which best to utilize this Drug-Pathogenesis in the treatment of diseased children. If we could simply ask the baby as to its subjective feelings, and receive intelligent answers, this would be an easy matter. Very well, let us see if we cannot do this. You know babies have a language of their own, the language of signs. If we understand this, and interpret it correctly, we shall find the child giving very intelligent expression to its subjective feelings indeed. Then we shall be able to select the homœopathic remedy as easily as if a lawyer were giving us an account of his sufferings in the most figurative language possible. In other words we must translate the *objective* symptoms, *most minutely observed* in children into the *subjective* symptoms of our materia medica.

Let us suppose the first case that you are called to is one of *Capillary Bronchitis*. I know that you have no difficulty in arriving at correct diagnosis, and you are fully aware of the great danger you are facing in this little patient. He will be three years old to-morrow; and upon his recovery depends your introduction into a very desirable family. The child has been in the hands of an old school physician who has been prescribing *quinine*, *Dover's powder* and *squills*; still it got worse every day.

What will you do for it? Aconite, Belladonna, Arsenic, Ipecacuanha, Phosphorus, Tartarus emeticus, and other remedies are recommended for *such cases*, but which will be the right one for

the little boy before you? As the golden rule is not to select a remedy for the name of the disease but for the individual patient. He tells you the following story :

"His cough sounds harsh rattling, and he cries during the spells of coughing which are frequent and seem to make him very uneasy, as he kicks and cries and his right cheek gets quite red. (The mother has found that these spells are much worse during the night, especially about midnight, and that the right cheek is always much more flushed than the left one, since the last two days.) The child does not expectorate, as he is too young to do that, but in daytime he seems to raise something which he swallows; he does not do that during the night, however.

Sleep is very poor. He starts and moans and tosses about, and coughs even during sleep. His eyes are mostly half open when he seems to sleep quietly for a few moments.

He will have spells of suffocation, and then the cough is much more irritating; this condition he will get especially if he is not pleased at the minute and cries. At the height of crying such an attack of cough and suffocation will come on, after which he is much exhausted. But even during the intervals breathing is short, and on auscultation you hear fine and coarse rattling all over the chest.

The pulse is small and quick, but hard, sometimes irregular, about 160. There is great heat of the surface when covered, but as soon as he exposes any part by his restlessness this becomes soon quite cold. Temperature in anus, 103.

Perspiration during sleep most on face and head.

You need not know any more. The child has not spoken a word; on the contrary, he has been most offended by your presence, and your kind words only made him more irritable and furious. It was with the greatest difficulty that you could put your ear to his back for a few seconds, while he was on his mother's lap, screaming with a hoarse voice and coughing. But you know what to give him, nevertheless.

If you do not, give a powder of *Saccharum lactis*, and ask to send to your office after half an hour for more medicine. This time you use for

comparing your notes (which you have carefully written during your visit) with your *Materia Medica*. Here you find that none of those drugs which I have mentioned above is indicated in your case. The boy needs *Chamomilla*, of which you send a powder of the thirtieth potency, to be dissolved in eight tablespoonfuls of water, and a teaspoonful of that solution to be given every hour, except during quiet sleep. At your next visit the mother will receive you with the words: "Doctor, the child is ever so much better!" Such a picture you will find frequently in severe *Bronchitis*, and if you do, think of *Chamomilla* and your true chum.

Surgery.

Amputation of the Arm for Diffuse Abscess.

THIRTEEN students visited the Hahnemann Hospital on the twelfth inst. to witness two operations by Prof. Helmuth. After giving a lecture on amputations in general, the Professor emphasized the necessity of being thoroughly acquainted with the operation and the ultimate consequences attending it, and insisted that the greatest discretion should be exercised when anticipating such a procedure. He concluded his remarks by describing the operation which required his immediate attention. The operation was performed at the request of the patient, who understood that his sojourn in this world would be limited by the contamination of this diseased member. The patient's system was considerably deteriorated from the excessive drain of the abscesses and persistent use of drugs, having been accustomed to drinking fifteen ounces of paregoric a day previous to his arrival at the hospital, besides being a victim of the opium habit. The patient was placed on the operating table, having been etherized by the House Surgeon, Dr. Fulton.

Prof. Helmuth then proceeded to amputate by the circular method with antiseptic treatment. The assistant first marked the point of amputa-

tion with a solution of ether and iodoform, then covered the limb with cotton and applied Es-march's bandage. The blood being then driven out of the arm, Prof. Helmuth entered the heel of the amputating knife on the upper surface and drew it steadily around the arm, dividing only integument and fascia.

The flap was then dissected and turned up, and the muscular tissue divided down to the bone. The retractor was then applied, and the bone sawn through at the upper third. The axillary artery and its branches were ligated with whale tendon, also one silk ligature was tied around axillary and left hanging outside. The advantage of the whale tendon is that it is absorbed in eight or ten days, is more pliable than catgut, and will not cut the tissue as much as wire sutures when inflammation sets in. The wound was thoroughly irrigated, and a few spiculæ of bone trimmed off, when the periosteum, muscles and integument was drawn over the end of the bone. Two decalcified bone drainage tubes were inserted underneath the deep sutures, and the flaps were drawn together, and maintained by three wire sutures, with buttons attached which were not drawn so tight as to produce sloughing underneath them.

The edges were then more thoroughly united by whale tendon sutures, using the running stitch, an invention by Prof. Wilcox, which renders the closure of the wound much more rapid than by the interrupted suture. A solution of corrosive sublimate, 1-2,000 was injected through the tube into the wound, and being thoroughly cleansed in all its surroundings, the silk suture from axillary artery was fastened with adhesive strap, the wound was then washed with solution of ether and iodoform, and dressed with antiseptic treatment. Absorbent cotton and gauze was first applied, impregnated with a solution of corrosive sublimate and fastened with adhesive plaster. A recurrent bandage was then applied, tight enough to make compression in case of hemorrhage and to hold dressing in position. Safety pins were applied to keep it from slipping. The patient was seen a few days after the operation, and was much improved in health and making rapid progress toward complete recovery.

A Synopsis of Prof. Helmuth's Clinic.

MR. D., aged sixty-six years, was brought before our clinic last Wednesday, by Dr. Babcock, Class of '85, suffering from an abnormal growth, diagnosed by a physician as an osteoma of the inferior maxillary bone. Upon examination, the patient was found in a deplorable condition; his neck and upper part of his chest and back were a mass of ulceration. The history of the case, given by himself, is as follows:

About a year ago he noticed a small tumor growing on the left side of the lower jaw. He could ascribe no cause for the appearance of the lump, with the exception of a heavy blow that he received twenty-five years since in the same location; the effects of which subsided, and he experienced no discomfort until last fall, when the tumor commenced to grow rapidly. He then consulted a surgeon, who advised an operation, with the assurance that the patient could resume business in thirty days.

The operation was performed nine weeks ago. The tumor was then about the size of a man's fist, and ever since that time his condition has grown steadily and rapidly worse. Before the operation there was no swelling or disintegration of tissue; but afterward there was considerable sloughing together with ulceration which spread rapidly in every direction. He had been an inveterate smoker, and was advised to continue his practice. In the above described condition he finally consulted Dr. Babcock, who then brought him before the class, and stated that the gentleman called upon him about a month ago, when he made a thorough examination and prescribed a remedy for his blood, under which he improved considerably. Prof. Helmuth then examined the patient, and pronounced the neoplasm a cutaneous scirrhous carcinoma, which was incurable, and would continue to destroy the tissues until the carotid or some large blood-vessel was attacked, when he would probably die from hemorrhage. He advised Dr. Babcock to continue his remedy, relieve his sufferings by palliative means, and closed with the remark that it was

our duty to humanity, where life cannot be saved, to do all things possible to alleviate the patient's suffering.

(Dr. Helmuth being obliged to leave the city, his clinical assistant, Dr. Cornell, took charge of a portion of this clinic.)

Case 2.—Mr. B., aged thirty years, presented himself, and gave the following narrative of his case: "Three years ago I received an injury from a printing press, which proved to be a compound fracture of the elbow. A doctor was called, and at first he deemed it advisable to amputate the arm, but concluded to wait a few days. A further thought suggested the idea of setting the bones, which was accordingly done, and which resulted in ankylosis. Dr. Cornell examined the case and pronounced it a fibrous ankylosis, and, after using considerable force, and the adhesions not yielding, he thought it advisable to let the patient use his arm as much as possible, as breaking up the adhesions by greater force would cause inflammation of the joint."

Case 3.—Mr. G. noticed, a year and a half ago, points of ulceration around anus. They were pronounced condyloma, by Dr. Cornell, and five grains of iodide of potash given three times a day. This was prescribed some time ago; the doses were increased to seventeen grains, three times a day, with rapid improvement.

Case 4.—Willie Sullivan, thirteen years of age, presented an abscess of the neck. It first appeared as a small lump, last July, and was poulticed and discharged. It then apparently healed, but a new abscess formed in same location, and with this discharge there was sloughing of tissue, leaving a granular base, which showed no tendency to heal. It was injected with compound tincture of iodine to stimulate the granulation, and is now doing well.

Case 5.—Josie M., twelve years of age; one year ago she fell on her ankle, causing a bad sprain. She was treated for such and not recovering, was taken to another physician, who also pronounced it a bad sprain. His treatment not proving satisfactory, was brought to Dr. Cornell,

who discovered disease of the bone, removed a few spiculæ and applied a plaster of Paris bandage to keep foot immovable.

Case 6.—Adenoma of breast. Mrs. M., forty-four years of age, first complained of a swelling in right breast last July, which was unaccompanied by any symptoms, save a slight swelling in the axilla about the size of a pigeon's egg. She had always enjoyed good health until the present trouble. It continued growing, and she then consulted a physician, who gave her some salts, senna and cream tartar, giving her the assurance that it would go as it came. The growth was persistent. He then painted it with iodine and applied a flax seed poultice. The poulticing was continued for two months, which caused sloughing, and not getting relief, she came to Prof. Helmuth's clinic, who stated that it was a peculiar case, non-malignant and the granulations and fungoid growth were caused by the constant moisture. He advised her to have it removed by excision, and prescribed Zn Oxide and a discontinuance of the poultice until the operation could be performed.

Through the kindness of Prof. Wm. Tod Helmuth, the students are invited in sections to witness operations by him at the Hahnemann Hospital a number of times during the winter, which is greatly appreciated by the students. In accordance with such invitation a number of the class visited the Hospital last Saturday, to witness the removal of an adenoma of the breast by the new method. The patient was properly etherized and placed upon the operating table, and when everything was in readiness Prof. Helmuth made an incision through the integument a little to one side of the nipple, and carefully dissected out the tumor, leaving the skin intact according to the recent method of Thomas. After ligating a number of small arteries, and thoroughly cleansing the wound, iodoform was dusted over the parts. He then placed a drainage tube of decalcified bone in position, and brought the wound together by three silver wire sutures. The edges were then pared off, and the wound was finally closed by a number of antiseptic catgut sutures. The proper dressing was applied, covered with oil silk held in position by adhesive straps.

While there he exhibited a patient whom he had recently operated on for the radical cure of hernia.

The operation was eminently successful, and the patient was so far recovered as to be able to return home on Monday.

Theory and Practice.

A Singular Case of Pulmonary Gangrene.

BY J. H. MOORE, M. D., CLASS OF '84.

(Taken from the *New England Medical Gazette*.)

THE writer, having been called upon by a local physician of the old school to make a post-mortem examination of a patient who died of gangrene of the lungs, deems the case of sufficient interest to bring before the notice of the profession the history of the same, as learned from the attending physician, as well as from the records of the examination.

The patient, an unmarried woman of thirty-five, had been troubled for a long time with decayed teeth, which gave her so much trouble that she decided to have them removed, and, living in the country, called on her family physician to extract them.

On the 12th of March, 1884, six weeks before the patient's death, the physician removed, under ether, twenty-two decayed teeth. For a day or two after the removal of her teeth the patient was confined to her bed, partly owing to the effect of the ether, but principally from the shock to which her system had been subjected; but after that time she was able to be about and attend to her usual duties. On the fourth day after the operation the patient experienced a troublesome cough, which was very persistent, and a day or two later, five days from the removal of the teeth, she complained of severe pains in the middle portion of the lower lobe of the left lung, which seemed to run to the back. At the same time an irregular intermittent fever lighted up, which, with the pains and cough, continued throughout her illness. On the ninth

day from the time the pains were first experienced, or the fourteenth from the removal of the teeth, the patient began to expectorate, at first a rather greenish sputum, which continued for a few days, and then gradually took on a darker appearance, until it assumed a dark grumous character, and was of a very offensive odor, in fact similar in kind and smell to the gangrenous substance found in the lung after death. At the same time a similar odor was apparent in the breath of the patient. This expectoration continued until her death, four weeks later. The duration of the patient's illness, from the time of the extraction of the teeth till her death, was about six weeks. During this time the cough, pains, irregular fever and expectoration, continued. In addition there was some sympathetic heart trouble,—palpitation and the like,—together with considerable vomiting at times, from some derangement of the stomach. The bowels were costive, as a rule, throughout the whole period of sickness. During the last two weeks physical signs were discovered indicative of the formation of a cavity in the lung, but not until some time after the gangrenous expectoration had appeared, thus presenting one strong differential point in favor of gangrene rather than foetid abscess, as in the latter the signs of excavation precede the occurrence of the fetor. Together with these local symptoms, there was present marked constitutional trouble, viz., small feeble pulse, great prostration, in short the vital powers seemed to be fast giving way before the septic fever. The patient seemed to die at last from the effects of blood poisoning and inanition, or, if one prefers, septicæmia. A counsel of physicians was held during the last two weeks of the patient's illness as to the exact character as well as cause of her trouble.

One rather favored, as his diagnosis, abscess of the lung, arising from the purulent infiltration of pneumonia. The case was diagnosed as pulmonary abscess, though no definite conclusion as to the cause was arrived at. As some differences of opinion had arisen, and much interest had been excited as to the cause, after the patient's death it was decided that a *post-mortem* should be held.

The examination was conducted Tuesday, April 22d, at 10:30 A. M., twenty-four hours after death.

The examination showed the heart to be normal, with the exception of a little unnatural flabbiness, the valves and orifices normal. On introducing the hand to remove the left lung, abnormally strong adhesions were found, especially at the outer side and posterior part of the pleura, which were thought by the physicians present to be rather the result of trouble experienced some time previous to her last illness, though no information could be obtained pointing to her ever having before suffered from any pulmonary complaint.

A large opening was found in the anterior axillary region of the lung, about the middle of the lower lobe, sufficiently large to admit fingers and thumb, and it proved to be the outlet of a large sinus communicating with a cavity in the interior of the lung. Two large sinuses were also found on the posterior side leading to the same cavity. After this lung was removed there was found hardly any normal appearance throughout—to the feel no crepitation, and to the sight one black, gangrenous mass.

On laying open the lung, the entire lobe and lower half of the upper lobe were found to be softened, and converted into a putrid mass, saturated with a blackish fluid, the whole mass emitting a horribly fetid odor, similar to the expectoration of the patient during the last two weeks of her illness. This putrid mass did not extend to the upper half of the upper lobe, but gradually merged into hepatized tissue as the apex was reached. On more minutely dissecting the substance of the lung, fine granular masses could be felt showing that inflammation had been present in the air cells.

While feeling for these fine granules, the finger came in contact with what seemed to be rather a large granular mass, very firm to the touch; but on extraction it proved to be a fang of a large molar tooth, of the shape and size of an adult canine tooth. This was found deep down in the substance of the left lung, at the middle posterior portion of the lower lobe.

The diagnosis was now very clear. The tooth,

passing through the left bronchus as far as it could wedge itself, formed a nidus, around which inflammation was set up, from its irritation as a foreign body, followed by suppuration of lung tissue; and as the latter broke down, the tooth, from its own weight, was forced farther and farther down, until it lodged in its final resting-place, the middle and rather posterior portion of the substance of the lower lobe of the left lung, and, from its irritation, coming through the steps of inflammation and prolonged unhealthy suppuration, first, circumscribed, then diffuse pulmonary gangrene. The right lung, with the exception of the compensating emphysematous condition, was normal. Such is a brief history of the case taken at the post-mortem table. It offers another example of the great benefits to science obtained from the too often neglected *post-mortem* examinations.

Mrs. Dudley and Guiteau.

THE above-named persons have figured quite prominently in the field of medico-legal jurisprudence. It has been urged that these two individuals were afflicted with insanity, and in a similar manner. It may readily be acknowledged that, during their trials for murder or attempted murder, both Guiteau and Mrs. Dudley were noisy and outspoken in the court-room. Passing this point of similarity, we come to the following characteristic differences which existed between these two remarkable criminal cases: *firstly*, parentage. The parents of Charles J. Guiteau were strong and healthy people, honest, earnest and religious. Charles was their legitimate offspring. According to Dr. Sankey, Mrs. Dudley was "the illegitimate offspring of parents, one of whom, at least, was connected with the higher circles of society."

Secondly, we must consider the difference of sex. Sane men are more apt to commit murder than sane women. When a woman deliberately, in the open streets, and without provocation, attempts to kill a fellow-being, the probability of insanity is greater in her favor, than if the murder had been committed or attempted by a man.

Thirdly, the general histories of these two

cases present wide differences. Mrs. Dudley has a history of epilepsy from three years of age to the present time. She was educated and trained in the seclusion of French convents. She was trapped into a mock marriage with a man said to be "a clerk in holy orders." For a time she was deceived into believing that she was this man's legal wife; afterwards she was undeceived. Mrs. Dudley gave birth to two children, both of whom died in infancy. Her uncertain parentage; her epilepsy; her education in seclusion from the world; her mock marriage; her loss of children and all her best hopes, produced depression of spirits, and a strong tendency to the commission of suicide. Several times she attempted to kill herself, using chloroform, opium and steel. For these attempts she was locked up in jail, and finally committed as a criminal lunatic, to the Sussex County Hospital for the Insane in England.

Here is a history giving sufficient cause for the production of insanity, and presenting the strongest possible evidence that insanity actually existed; and it is a matter of record that she was treated for this disease before she came to America, and before she had any idea of shooting O'Donovan Rossa.

Guiteau was educated at home, and under Christian influences. He became wayward and erratic, but he never had epilepsy; he never suffered such a shock of disappointment such as a woman would feel on learning that she had been the victim of a mock marriage; he never suffered with melancholia, nor attempted suicide; he was never committed as a criminal lunatic, nor treated in an asylum as an insane patient. He led a restless and roving life; but in that life he manifested no such tendencies, nor experienced any such disasters, or mental shocks, as those which befel Mrs. Dudley.

Fourthly, the attempts at committing murder, and the circumstances attending those attempts, in each case, may now be considered. Guiteau practiced with his pistol beforehand, that he might become skilled in the use of that weapon. He refrained from shooting President Garfield on one occasion because a sick wife might be injured if he did shoot. Here was de-

veloped a power of self-control which any sane villain might possess. Guiteau not only plotted shooting the President, but he planned to secure his own safety, both from a possible mob then, and the hand of the law afterward. He planned and executed the assassination, and provided for his own safety by invoking the guardianship of the police and the army. Subsequently he postured as a patriot, and, that failing, as a lunatic.*

Mrs. Dudley planned to kill O'Donovan Rossa, but she made no unusual preparations for the attempt. Nor did she make any provision for her own safety, either from a possible mob, or from the verdict of a jury. She shot at Mr. Rossa in a street in New York, where she was alone, unfriended, and without any means or care for self-protection.

Guiteau's acts were marked not only by cunning in preparation, and zeal in the execution of his purposes, but he also manifested a forethought for the protection of his life, subsequent to his deed, that is not a marked characteristic of an insane man. Mrs. Dudley, on the contrary, manifested a carelessness of personal welfare, after the commission of the deed, which is characteristic of a thoroughly insane person. This indifference of self has been demonstrated many times by the criminal insane.

We believe that the differences existing between these two remarkable cases should be presented to the profession, and to the minds of thoughtful people generally. By considering these differences, right-thinking people may, we believe, come to the conclusion that justice was consummated when the assassin of Garfield went to the gallows, and when the would-be assassin of O'Donovan Rossa was sent to an insane asylum.

"If I were you and you were I," she sang vigorously at the piano, and turning to him said: "What would you do?" "Well, love," he answered, "judging from your disposition and the color of your hair, I'd say you would take a club and knock me off that piano stool if I didn't stop singing."—*Cincinnati Merchant Traveller*.

*See evidence of General Reynolds, of Chicago.

Books and Pamphlets.

The Vest-Pocket Anatomist. (Founded upon "Gray.")
By C. HENRI LEONARD, A. M., M. D., Detroit :
The Illustrated Medical Journal Co.

THIS little work, now in its twelfth edition, deserves its popularity; while the greater part of the book is but "Gray" condensed and transposed, the author has rendered his work valuable by the careful arrangement of facts and skill shown in condensation. It is an excellent companion in the dissecting-room. The section on "Triangles and Spaces" is well prepared, and the chapter on gynecology will attract attention. Perhaps the section that will be most appreciated by students is "Points Worth Remembering," which contains in small compass many important facts.

The Homœopathic Physicians Visiting-List and Pocket-Repertory. By ROBT. FAULKNER, M. D. Second Edition. Bœrecke & Tafel, New York and Philadelphia : \$2.00.

THIS Visiting-List differs from most others of its kind, in that it contains a repertory of considerable extent, which adds greatly to the value of the book. In addition there are calendars for several years, tables of poisons and their antidotes, obstetrical calendar, etc. The book is so arranged as to be good for any year. It is handsomely bound, and the paper used is of the best quality.

Visiting List and Prescription Record (Perpetual). Otis Clapp & Son, Boston and Providence.

THE arrangement of this book is excellent. No space is wasted, and every square inch of paper is utilized. It contains the usual tables, calendars, etc., and in addition gives a list of remedies, numbered and abbreviated, for convenient use in the Prescription Record. Sixty patients per week may be recorded in this work, and it is good for any time. It is well bound, and will commend itself to those who examine it.

The Physician's Visiting List for 1886. Philadelphia : P. Blakiston, Son & Co.

WHOEVER arranged this list evidently understood his business thoroughly. It is compact, neat, practical and convenient. It gives

both Sylvester's method for artificial respiration and Marshall Hall's ready method in Asphyxia. The Metric System of Weights and Measures is found in its pages, and a list of new remedies for 1885-6. A feature of the book that will increase its value to many is the Posological Table, rewritten in accordance with the new (6th) revision of the U. S. Pharmacopœia. The binding is exceptionally good.

PAMPHLETS RECEIVED.

Iritis : Its Relation to the Rheumatic Diathesis and its Treatment. By Charles J. Fundy, A. M., M. D., Prof. of Diseases of Eye, Ear and Throat in Detroit College of Medicine, etc.

The Surgical Treatment of Cysts of the Pancreas. By N. Senn, M. D., Surgeon to Milwaukee Hospital and Prof. of Surgery in College of Physicians and Surgeons, Chicago. Reprinted from the Journal of the American Medical Association.

Avena Sativa in the treatment of Opium Addiction. A Therapeutical Fraud, a Delusion and a Snare. By J. B. Mallison, M. D., Brooklyn, N. Y. Reprint : Medical Bulletin, Oct., '85.

How to use Listerine. A Formula Book. Lambert Pharmacal Co., St. Louis.

Exchanges.

THE Century for November is full of good things. Among the more notable articles are "The United Churches of the United States," by Prof. Charles W. Shields, Personal Memoirs of U. S. Grant : "Chattanooga," by U. S. Grant, and "Danger Ahead," by Lyman Abbott. Mary Halleck Foote contributes the first chapters of her new story entitled "John Bodewin's Testimony." Henry James' novel, "The Bostonians," is continued, and several short stories add interest to the magazine. Edward Everett Hall talks entertainingly of the Chautauqua Literary and Scientific Circle, and Edmund Gosse tells all about living English Sculptors. The "Century" is now published on the first of the month, and appears promptly on time.

THE Quarterly Bulletin of the Clinical Society of the New Post-Graduate Medical School is an attractive magazine, both as regards its appearance and contents. Dr. W. O. Moore contributes an interesting article on the "Physiological and Therapeutical Effects of the Cocoa Leaf and its Alkaloids." The type is clear, the paper fine, the illustrations excellent.

WE acknowledge the receipt of the following exchanges :

The "Atlanta Surgical and Medical Journal," "Albany Medical Annals," "Madisonensis," "The United States Medical Investigator," "La Reforma Medica," "The Medical and Surgical Herald," "Swarthmore Phoenix."

"The New England Medical Gazette," "The Hahnemannian Monthly," "Illustrated Medical Journal," "The Clinique," "The Peoria Medical Monthly," "The Southern Medical Record," "The Stevens' Indicator," "The Amherst Student," "The Quarterly Bulletin," "The Century Magazine," "The North American Review," "The Homœopathic Physician," "The California Homœopath," "The St. Louis Periscope," "The Southern Journal of Homœopathy," "The Detroit Lancet," "The Nashville Journal of Medicine and Surgery," "American Medical Digest."

A Plea for the "Dead-Beat."

O NUISANCE universal !
What adequate rehearsal
Of half thy cheat
Dare any one make trial ;
Repeller of denial !
Thou smooth "Dead-beat."

When Galen embryonic
In classic phrase euphonic
His "sheep skin" earns—
(A legalized commission
To pose as a physician,
His spirit yearns,—

To treat some pang enteric,
Which changes atmospheric
To cause combine ;
By some device mechanic
Avert the osseous panic
Of crooked spine.

Who summons him so boldly
Contrasting those who coldly
His skill despise ?
On extra care enlarges
And deems augmented charges
Small in his eyes,—

Compared to health unshatter'd
And nervous force unscatter'd
By fell disease ?
Who in the nearest future
Will pay for pill or suture
The well earned fees ?

Yet when with shrunken coffer
His bill one fain would offer—
To his dismay
He finds this lib'ral patient,
Like fleeting inefacient,
Has gone away.

Thus in the stage transition
From student to physician
The "beat" finds place,
And for his help unwitting
It is supremely fitting
We bow with grace.

—A., '67.

College Notes.

BASE-BALL.—'87 vs. '88.

A FRIENDLY game of ball was played on Saturday, October 31st, at the Polo Grounds by picked nines from the classes of '87 and '88, with a few seniors to lend dignity to the sport. Considerable expertness was shown by some of the players, several double plays being made.

Owing to darkness, the game was called at the seventh inning, '87 winning by a score of nineteen to seventeen. The game being forfeited to '88 on a technical point—nine to nothing.

The above was written by our special reporter, who was *not* there, and if it does not meet with the approval of all, a suit for libel is their only redress.

THE member from Germany is mad.

QUIZ IN SURGICAL HISTORY. "What can you tell about Galen?"

Answer, "Galen is dead."

THE universal commendation which comes from widely scattered localities concerning the CHIRONIAN is most encouraging.

PROF. DOUGHTY is illustrating his lectures on the cadaver, and soon the dissecting-room will be a centre of universal attraction to '88's men.

"THEY also serve who stand and wait." *Milton*. There are cases where the physician must serve in this way. He must use his common sense and not his *Materia Medica*.

LAST week, Thursday, Prof. Wright was on from his home in Buffalo, and during the day gave three lectures on hygiene. Most of the seniors took the subject last year.

DR. C. O. NORTON, '85 came around the other day for a few moments. He is located at 209 East Eighty-second street, and pursuing a special course at the N. Y. Ophthalmic Hospital.

DR. HERMANN NASH, who graduated from our College in 1884, received shortly after an appointment in the Ward's Island Hospital where he has been engaged until recently. He has now removed to Georgetown, Conn., where he intends to locate.

PROF. S. "Tell me Mr. M. what the differential diagnosis is between Aneurism of the Aorta and œsophagitis?"

MR. M. "Could tell by introducing an œsophageal bougie."

Prof. S. "Not unless it was a very intelligent bougie."

As a preface to one of his lectures, Prof. Helmuth showed a specimen of Fibroma of the Uterus, which he removed last week at the Hahnemann Hospital and gave us an interesting account of the three ovariectomies lately performed there by him, with results which were most gratifying.

THIS number will find many of its readers ministering to suffers from Acute Gastritis, caused by a single glass of icewater after the usual Thanksgiving dinner of historic turkey and pre-historic mince pie, together with every other toothsome eatable and drinkable to be obtained on this day of universal feasting. Beware of the water.

AT the last meeting of the Senior Class, President Knight in the chair, the following gentlemen were duly elected executive officers for the ensuing year :

President, S. A. Stacy, Ohio.

Vice-President, W. H. Jones, Conn.

Secretary, E. E. Keeler, N. Y.

Treasurer, G. B. Dowling, N. Y.

Various matters were brought before the class, duly discussed, decided and dismissed, with which the reader, it is supposed, would not be interested; among these was the all-absorbing topic of a class supper.

DURING the week ending November 13th, Professor Helmuth performed at the Hahnemann Hospital the following: Three extirpations of the uterus, one ovariectomy, one amputation of the arm, one operation for varicocele, and removed an adenoma of the breast. Six of these operations were witnessed by sections of the Senior Class and the Surgical Editor of THE CHIRONIAN, who will report the main features of each case in his department. The Seniors all acknowledge the wisdom of dividing the class into sections for these clinics, and appreciate Prof. Helmuth's effort to have them see as many operations as possible.

THE trip to Ward's Island, Wednesday, Nov. 18, and the clinics at the Homœopathic Hospital there were thoroughly enjoyed by all who went. The whole afternoon was devoted to it, the start being made at 1:30. Out of consideration for the delicate organism of the Commissioners of Charities, the boys were careful not to draw a deep breath or speak much above a whisper while on board the boat. All this proved so oppressive to King '87, that when the Island was reached he jumped to the dock before the plank was out. The omnipresent "cop." didn't see the point, and made him return to the boat. Munroe '86, on the other hand, was so anxious to get on board that he climbed over the rail and thereby drew upon his luckless head the wrath of the purser. The race from the landing to the Hospital Amphitheatre must have been amusing to beholders. In returning the

boat reached the foot of Twenty-sixth street about five o'clock.

DURING the past fortnight there have been under treatment by members of the senior class, the following cases:

Scarlet-Fever, by W. L. Bartholomew and F. A. Faust.

Capillary Bronchitis, by E. Witte.

Scarlet-Fever, by P. G. Smoot and S. A. Stacy.

Measles, S. W. Oley and J. I. Licorish.

Endocarditis and four cases of Follicular Tonsillitis, by C. E. Dodge and E. M. Hatch.

Scarlet-Fever, by R. Benedix.

Potts Disease of the Spine, by D. J. Roberts and W. B. Winchell.

Hahnemannian Society.

November 11th, at 7:30 P. M.

PRESIDENT SMOOT presided.

Seven new members were received.

Mr. A. M. Ritch read an excellent paper, entitled "What is Life?" He received a vote of thanks from the Society.

The Senior Quiz-masters were reelected in a body. The following are the Junior Quiz-masters:

Anatomy—G. M. Smith.

Physiology—C. A. Ward.

Chemistry—W. H. Haviland.

Histology—G. B. Best.

Pathology—C. F. Snyder.

Med. Jurisprudence—M. J. Adams.

Toxicology—J. Townsend.

Med. Chemistry—N. H. Houghton.

The amendment to the By-laws, proposing to change time of meeting, was taken up, but, after some discussion, again laid on the table.

Mr. Best moved that a petition, asking for improvement of the ventilation of amphitheatre, be drawn up and circulated for signatures. Carried. Mr. Best was appointed to attend to it.

Mr. Roberts moved that a committee be appointed to draught and submit suitable resolutions concerning the death of Chas. C. Hammond, a member of the Society. Carried. Pres. Smoot appointed as such committee Messrs. Roberts, Stewart and Reynolds.

Adjourned.

Marriages.

WE have received notice of the marriage of Dr. Edward Chapin, which occurred on the evening of October 21st. The lady was Miss Mary Dexter Miller, of Brooklyn, the ceremony being performed in the Memorial Presbyterian Church of that city. The doctor was a graduate of 1878, and resides at 352 Clinton street, Brooklyn,

DR. HERBERT D. SCHENCK, who was a graduate in 1884, and has since been practicing in this city, has gone over to the majority, and now ranks among the Benedicts. The lady was Miss Etta L'Hommedieu, and the happy event was celebrated October 14th, in Union Springs, New York.

At the Central Congregational Church, Madison avenue and Forty-seventh street, this city, October 7th, at 3 P. M., the marriage of Emma Louise, only daughter of Cyrenius Hard, to Dr. Joseph R. Hoffman, '83, was celebrated. Following there was a brilliant reception, after which an extended tour was taken to Saratoga and Lake George. The Doctor and wife may now be found on Western avenue, Morristown, N. J.

THE following is self-explanatory, and is clipped from the *Ithaca Journal* of October 21st:

"The marriage of Dr. T. M. Strong, of New York City, and Miss Sarah H. Sibley took place at seven o'clock last evening at the residence of the bride's mother, on West Green street. The ceremony was performed by the Rev. Charles M. Tyler, in the presence of the near relatives of the bride and groom. Mr. and Mrs. Strong left on G., I. & S. train, No. 15, last evening for Philadelphia, and will take up their residence on Ward's Island, New York, where Dr. Strong holds the position of chief of the medical staff of the Homœopathic Hospital."

We would add to the above that Dr. Strong graduated from the New York Homœopathic Medical College in 1871, and has held the posi-

tion he now occupies for nearly three years. In this hospital there are many physicians and an army of nurses under his control, and upon his return with his bride the male population showed their personal regard by presenting him with an elegant silver service, while the female employees gave their wishes of "Gude Lucke" in the form of an elegant floral horse-shoe.

MARRIED.—At the residence of the bride, August 12, 1885, Dr. Alton G. Warner, '83. Physician to the Ophthalmic Hospital, New York City, to Miss Fannie E. Bailey, of Watkins, N. Y. After a pleasant visit to Montreal *via* Thousand Islands, the doctor and his wife returned to their city home.

+IN MEMORIAM+

DIED.—Dr. Henry C. Blauvelt, '79, October 9th, 1885, at 358 West Thirty-first street, New York City. Aged thirty-six years.

CHARLES CLARK HAMMOND.

CHAS. C. HAMMOND, whose death it becomes our painful duty to chronicle, departed from this life at the home of his mother in Fayetteville, New York, on Tuesday morning, November 2d. Pulmonary phthisis, that dread destroyer, had long since marked him as its victim. He entered college with the class of '86, but was with difficulty able to remain through the first year, and has been unable since to continue his study. He, however, kept fresh his interest in the College, and especially in his class-mates.

Mr. Geo. T. Hawley, '86, represented the Class at the funeral services.

The Class held a meeting Nov. 17th, and appointed a committee, which submitted the following resolutions:—

Whereas, Chas. C. Hammond, a beloved member, has been recently removed by death; be it therefore

Resolved, I. That we, the class of '86 of the New York Homœopathic Medical College, learned of his death with the deepest regret, for, although he has not been able for

many months past to pursue his studies with us, yet he was by no means forgotten in his suffering at his home.

Resolved, II. That by his decease we lose a friend who, by his unvarying gentleness and straightforwardness, won from the first and retained to the end the admiration and esteem of all who were associated with him, and a fellow-student of medicine who, by his natural gifts and by his diligence in the preparation for his chosen profession, gave every evidence of being well fitted to minister to the ills of body and mind.

Resolved, III. That to the relatives and immediate family of the departed, especially to his widowed mother, we extend our heartfelt sympathy in this bereavement, which falls so heavily upon us all.

G. B. DOWLING,
GEO. T. HAWLEY, } *Committee.*
C. E. DODGE,

E. L. PINE.

A MEETING of the Class of '87 was called on October 28th to adopt resolutions of regret upon the death of an honored member of the class, in the person of Mr. E. L. Pine, the entire class being present. A committee was appointed to draft the resolutions, and it was furthermore decided that, after the approval and adoption of said resolutions, that they be published in the college journal, THE CHIRONIAN, and that a copy be sent to the bereaved family.

The following resolutions were adopted:

Whereas, It has pleased God, in His infinite wisdom, to call from our ranks a beloved class-mate; therefore, be it

Resolved, That we, the Class of '87, of the New York Homœopathic Medical College, do deplore the untimely death of our beloved class-mate, whose memory remains dear to us all; and

Resolved, That we extend our heartfelt sympathy to the sorrowing family and friends, hoping they may take consolation in knowing that many friends of the deceased, who were won to him in life by his genial and gentlemanly deportment, now join with them in their sorrow, and that a kind Providence has removed him from a life of many trials and pains to one of never-ending union with Him to whose will we should ever bow in humble submission.

IRVING TOWNSEND,
BANKS F. YOUNG, } *Committee.*
JOHN J. RUSSELL,

NEW YORK, October 28, 1885.

THE CHIRONIAN

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IN another place will be found the announcement of the American Obstetrical Society, organized Oct. 28th, and incorporated under the laws of New York. It is the first national obstetrical society in this country. The membership is already quite large, and it is hoped that all interested in this branch of medicine will join the society.

EIGHTY-SIX very sensibly has decided to have a Class supper before the members disband for the holidays. Two years and a half of work together has increased mutual acquaintance so that the occasion will be enjoyable to an extent which the Junior and Middle Classes can not yet appreciate. If the members of these classes are wise, they will both have banquets before the end of the year.

IN another column will be found a request for provers for a new drug. It is to be hoped that there will be sufficient interest in the matter

to lead many to volunteer for the work. We not only need our present drugs reprovén, but there are many more unknown or only known from clinical experience, which should be added to the group of those well proven. How many, or of what value they may be, can only be known by systematic testing.

AS Christmas time approaches, many of our men whose homes are at a distance from New York are anxious that the vacation be extended a few days longer than the schedule announces. Now, as a general rule, to which there are very few exceptions, we believe that the Faculty should adhere to the arrangement as made and printed. They are supposed to have given the matter their careful attention, and so reached the best conclusion. We do not pretend to dictate in the matter, but we would suggest that as the great mass of the term's work is to be done after the holidays, and without any break or intermission, the lectures may cease on December 19th, which will be Saturday. The members of the Senior Class are practically unanimous in the belief that the three or four days so added to the vacation would be worth more by way of rest than the lectures which might be given. It is very probable that the three days of Christmas week for which lectures are scheduled would not prove very profitable. Some men will go home on the 19th anyway, and that kind of thing always unsettles those who remain. Besides all this there are not a few of our most diligent workers who have yet to write or complete their Theses, and who propose to utilize the vacation for the purpose. The full two weeks which are asked for will not be too much time for the task, if the Faculty expect to receive an unusually profound batch of documents from '86. If the truth were known, no doubt most of the professors would be glad of

the extension. The lower class men are all in favor of it. By all means let us have two whole weeks at the holidays.

CHARITY that emasculates, defrauds and incites to hypocritical dealing, is not the sweet charity spoken of so kindly by St. Paul in his memorable Epistle to the Corinthians, but on the contrary is a counterfeit article conceived in selfishness and continued for gain. Of this sort is much of the highly vaunted medical charity that exists in New York City to-day. A growing appreciation of the enormous abuses that prevail has urged on a movement for reform; but so strongly entrenched is this outrageous and wretchedly inefficient system, so careful are its adversaries to avoid doing anything lest someone should be injured, so scrupulously and punctiliously observant of the rules that govern inter-medical and medico-theologico-sectarian warfare, that both parties are but adjusting the preliminaries for the fight, and the public is much disposed to sneer at the one while it despises the other. The abuse of medical charity in this city is very great. That which was originally given for the benefit of the really destitute has been misused and perverted. In Philadelphia a recent careful investigation showed that in one year about $2\frac{1}{2}$ per cent. of the population received indoor treatment and nearly 18 per cent., or 170,000 persons, received free dispensary treatment. It is stated, after thorough and searching inquiry, that two-thirds of this free treatment in dispensaries at least was bestowed upon people fully able to pay a regular physician. In New York things are even worse. But the people are not chiefly to blame, but the managers of dispensaries and hospitals who permit and even encourage it. No investigation is attempted generally, but prescriptions are written and medicines given alike to the poor and the rich, the just and the unjust. Thus the ends of charity are defeated, medical pauperism fostered, the independence and self-respect of the poor are undermined, great injustice done to younger members of the profession, professional dignity and honor lessened. Can it be that certain dispensaries are charitable only so far as they furnish patients for

colleges that must be supplied with them for its clinics? Can the indifference of the physicians in charge be due to the fact that they find it personally profitable? Can it be possible that certain hospitals, ostensibly founded for the sick poor, and constantly appealing for alms, fit up rooms for rich patients and furnish gratuitous medical attendance? Sectarian zeal and selfish motives actuate too often hospital managers and determine their course. Better by far abolish these dispensaries and hospitals, rotten as they are, than to have this fraudulent charity continue. What is the remedy? It is at hand, simple and satisfactory both to patients and physicians. Let all dispensaries co-operate with the Charity Organization Society. One of the largest dispensaries in the city has tried it, and it has worked well. Cases are investigated, and those who are able to pay are prevented from obtaining gratuitously that which belongs to the poor. It is to be hoped that the good nature which looks complacently on all sorts of wrong, will not permit this evil to go on uninterrupted. Toleration is excellent, but too much toleration of moral evil brings at last insensibility to it. Is there such a very great difference between the man who commits the crime and the man who weakly tolerates it? There is nothing we need more than bold and persistent assertion in every practical way, of our sense of what is fair and honest, just and courteous between man and man. One must be prepared to bear ridicule and have mud thrown by vicious hands. But your adversary who replies and reviles is Cleon. When he sneers, and with sorry wit raises a laugh at your expense and gains some cheap applause for himself, the crowd admire and gap in awe. But he is Cleon; not Pericles.

FRIGHTENED mother to croupy child who wakes her up by coughing in the small hours: "Oh, Alfred, how did you catch such a cold?"

Unexpected answer: "I know how I dot it. I dot it by shiverin'."

THERE are current as many pronunciations of the word cocaine as there are syllables, at least. The authentic pronunciation as given by one who ought to know is co-ca-een.

Pædological Materia Medica.

A SERIES OF LETTERS BY M. DESCHERE, M. D.

II.

MY DEAR FRIEND—Thanks for your prompt reply. I am glad that my suggestion as to the special study of materia medica has pleased you, and your desire for characteristic indications for some other drugs must be gratified. Let us take one which you will be frequently called upon to prescribe: PULSATILLA. I mean the *Pulsatilla nigricans*, the German variety, not the American *Pulsatilla nuttalliana*, which latter one, by the way is too much neglected, as it deserves our attention in many disorders where the first one seems indicated, but disappoints.

The first point that needs our attention in studying a remedy is the mental condition which it produces. Now of *Pulsatilla* you have always been impressed as of a drug strongly indicated in *mild, yielding, extremely gentle dispositions*, easily moved to tears at the slightest provocation.

This is correct *after established puberty*, but the *Pulsatilla-child* is quite another person. It is by no means yielding, but *wants things to yield to its notions*, making it peevish. It is *selfish* to the extreme; *wants everything for itself; envies others*, and cries and weeps if it does not get pleased. This it does, however, in a quiet, sorrowful manner; it *never becomes vehement*, as you find children to be inclined when certain other drugs are indicated.

This change in disposition before and after puberty, which is especially marked in girls, is an expression of the red tape which runs through the whole picture of *Pulsatilla*: "*inconsistency*." The symptoms of this drug are forever changing.

You will find this very marked in *Diarrhæa*; *no two stools are alike*. In *Coughs* you find a dry cough in the *evening*, *expectoration* in the *morning*, and the latter varies, sometimes it is yellow, sometimes green.

The same *change* you find in the localities or

the *seat of pains*, which may be termed *wandering*, shifting rapidly from part to part. To-day your little patient complains of pain in her side, to-morrow it is gone from there to the thigh, next to the arm, next to the head, etc. One hour she is well, and very miserable the next. Also the *color of the face* changes frequently from *pale to red* and vice versa, but the *pale predominates*.

Corresponding to this characteristic you find strongly marked "*antagonistic*" symptoms: *Fever*, with dry mouth and tongue—but *no thirst*. Violent, strong *palpitation of the heart*—with *suppressed pulse*. Hunger, *eats greedily*—then *vomits*.

Pressure in the stomach after every meal—better by eating again. *Frequent urging* to urinate or for stool—*without any*, or but little, *evacuation*. But urine will pass involuntarily sitting or walking, during sleep, when coughing or passing wind, etc. The same antagonism is found in the relation of chill and heat. Another characteristic is the *pituitary condition* it produces wherever possible. From the eyes, the nose, the ears, we find *thick mucous discharges*, sometimes purulent, of yellow or green color, or of a mixture of the two. The passages from the bowels are largely mucus. Mucous sediment in urine. Mucous discharges from the genital organs. Throat full of tenacious phlegm; the expectoration when coughing consists of thick yellow or green mucus; or mucus is vomited when coughing.

The time and circumstances of *aggravation* are as clear as those of *amelioration*.

The *late portion of the day* about and after *sundown* is the marked time when the evil spirits of *Pulsatilla* display their wrath. This lasts *into the night*, perhaps till sunrise, and is especially characteristic of the *pains and febrile movements*; while the symptoms of *faintness and exhaustion* come in the *morning*.

The *catarrhal symptoms* are better in the *open air*, and so is the general feeling. Also the *pains* are better in *cool air*; *except those in the abdomen*. *Pastry, fruits, ices*, are not tolerated, and are a frequent cause for *colic* and *diarrhæa*, as well as *vomiting*. And last, but not least, remember that your *Pulsatilla-patient* will *feel chilly with most every complaint*, even in a warm room.

Let this be sufficient for a sketch, by which you will always be able to recognize your friend "*Pulsatilla*" at once, no matter under what disguise she may try to tempt your shrewdness. Some of the above characters *will* stand out clearly.

For finer shades and colors you must open your picture gallery of drug pathogenesis, and if you study that *Pulsatilla* will suggest itself as a useful agent in the following affections :

During *infancy* and *early childhood* it may often be indicated for the *mother* in *insufficient secretion of milk*. Furthermore, you will employ it in *Catarrh* of the *respiratory organs*, the *eyes* and *ears*. *Purulent Ophthalmia* and *Otitis media*, *Otalgia*, *Indigestion*, *Gastritis*, *Enterocolitis*, *Dysentery*, *Enuresis nocturna*, *Measles*, *Intermittent fever*, *Rheumatic affections*.

For girls advancing toward puberty with *Chlorosis*, *Leucorrhœa*, *Melancholy*, *Hysteria*, etc.

It is well to know that *Pulsatilla* is frequently useful after abuse of *Iron* and *Quinine*, and many a case of chronic intermittent fever has rapidly yielded to its action.

I hope to hear from you soon, and that you have had frequent opportunity to witness the virtues of this true polychrest. *Only do not get impatient and discontinue its use too soon ; give it time to act. The worst thing for the patient is constant change of remedies.* For such a tendency you had better take a dose of *Pulsatilla* yourself.

Your true chum.

Pædology Clinic.

FROM the nature of the patients, the clinical instruction of the chair of Pædology is conducted in a manner different from that of other chairs with the single exception of Obstetrics. In general the diseases treated are of such a character, and the susceptibility of the patients to sudden changes is so great, as to render out-of-door exposure during the winter months imprudent.

The plan in this department is, therefore, to assign a case to two students, who are expected to make a diagnosis, and carry on the treatment with whatever advice may be necessary from

Prof. Deschere, or his assistant, Dr. Palmer. The students attending the case are required to keep a careful daily record of the pulse and temperature, together with the general condition of the patient, and the remedies prescribed. The complete report is made at the termination of the treatment, while verbal reports are made daily. By this means the student is brought into actual contact with the patient, and has abundant opportunity from day to day to study the morbid process in all its phases so as to make an intelligent prescription.

The theory of Mr. Wackford Squeers as to the proper method of teaching was not far astray, however perverted it may have been when reduced to practice. His idea was, "when a boy knows a thing out of a book, then he goes and does it." This plan is of especial value in imparting medical instruction, fixing the theory by its application in actual practice. However irksome it may have been to the boy, to put to a practical test his theoretical knowledge of the action of the pulley, by drawing water from the well for Mrs. Squeers' wash-tubs, by this means he learned more of the advantages, as well as the disadvantages, of that mechanical power, than could be impressed on him in any other way. So it is with the student. By means of his practical work he clears away any false impressions of diseased processes that he may have received from a mere study of books, and modifies his ideas of what may be accomplished by medicine, by what he finds he actually does accomplish.

In the treatment of these cases, the students have the opportunity to examine organs and tissues not effected by disease, and thus becoming familiar with their appearance in health, will more readily recognize any deviation from the normal in disease. Through his intercourse with the child at its home he gains something of that self-possession in the presence of the patient, which is one of the advantages to be gained from post-graduate hospital practice, and in which the young physician whose ideas of practice have been gained by inspection from a lofty seat in the college amphitheatre, finds himself sadly wanting.

Materia Medica.

Bryonia Alba.—A Fragment.

BY M. A. WILSON, M.D., NORTH EAST, PA.

BRYONIA is unique in action, a characteristic of Polychrests.

While it is a tissue irritant, it is not in the sense that many other tissue irritants are, a protoplasmic poison.

It acts upon certain tissues to pervert their function and change their structure by inflaming them.

It does not kill the "physical basis of life," but converts a part of it into a pathological product.

The great control which it exerts over the exudative stage of inflammation causes it to stand alone, and is only approached by certain preparations of Mercury and Iodine.

Its development by homœopathic provings and clinical experience, is one of the greatest contributions to modern therapeutics.

Its action is deep and searching as well as characteristic, and when indicated rarely disappoints.

In a brief clinical paper only a few of its good points can be touched upon.

The following cases will illustrate its action partially:

During the harvest season of each year I am consulted by several robust young men who are suffering from the effects of drinking cold water (sometimes iced) to excess while heated, and from rapid cooling after severe muscular exercise.

They are slightly feverish, have white-coated tongues with red edges, marked tenderness in the pit of the stomach, aggravated by food or exertion, and sometimes muscular soreness increased by motion.

Bryonia dilution cures them in a few hours, even cases which have had other treatment without help.

They are usually thirsty but cannot drink.

And right here let me say that I have found

that while thirst for large draughts is an indication for Bryonia, the absence of thirst should not deter from giving it if otherwise well indicated; on the other hand, aggravation by motion is an essential condition.

Aggravation by motion should determine, and thirst for long draughts confirm its choice.

Mr. J. P., an apparently robust man, consulted me for vertigo, cutting pain in the bowels, weakness after exertion, and constipation. Cocculus 3^r gave relief, but only while he was taking it.

Several weeks afterwards he told me that he had been kicked in the stomach by a colt, about a year before, and had experienced soreness and sharp pain in that region ever since. Arnica did no real good. Bryonia 2nd dil., relieved a little, and three-drop doses of the 1st dec. dil., three times a day, cured him not only of the result of the kick, but of the vertigo, constipation, and abdominal pain.

If you would reap the fullest results from bryonia, you will have to vary the dose and its repetition according to the disease and the temperament of your patient.

The widest range is permissible.

In pneumonia, when indicated, its action is highly satisfactory, in the 2d dec. dil.

In an exceptional case of a delicate woman the 2d aggravated, while the 6 dil. produced a beautiful cure.

Surgery.

Angiomata and their Treatment.

A FEW EXTRACTS FROM A LECTURE DELIVERED
BY PROFESSOR HELMUTH, ON THE DIAG-
NOSIS AND TREATMENT OF ANGIOMA
OR VASCULAR TUMORS.

THE angiomata, or vascular tumors, consist of blood vessels held together by loose connective tissue. They may be divided into three classes—the simple of capillary angiomata, which include all nævi, mother's-mark, or port-wine mark, and are due to enlargement of the venous

capillaries. This variety always appears at birth, but may vary from the size of a small pea to that of a large ball. They are always purple or mahogany color, and increase in size when the child cries, and grow rapidly.

The second variety is known as the venous or cavernous tumor, and is composed almost entirely of veins held together by connective tissue, in which are little cavities filled with blood from the rupture of some of the veins.

The third variety is known as the aneurismal or pulsating tumor, but differs from true aneurism by being composed of a large number of arteries, whereas the true aneurism is a tumor produced by the dilatation of an artery caused by earthy and atheromatous degeneration of the coats of the vessel, or from embolism, external injury, etc. This is the most dangerous variety and the most difficult to treat, owing to the free anastomoses of the vessels. The tumor enlarges owing to the increased heart's action, becomes purple, and pulsation ceases on pressure.

The first variety generally grows very rapidly, and should be removed as soon as possible. If the patient is not in condition for an operation, the best temporary treatment is to paint the naevus with flexible collodium, night and morning. By this means the naevus is prevented from growing, and in many instances is reduced in size by the pressure occasioned by the contraction of the collodium. If the naevus be small and not in a conspicuous place on the body it is often removed by vaccination. The injection of per chloride or the per sulphate of iron into the substance of the naevus is also a good method of treatment, which was originally introduced by Provoz. If the naevus is of large size, the radical cure may be effected by passing two pins at right angles underneath the base of the tumor, then tie a silk thread tightly under the pin and cut off the ends, and apply a small bit of adhesive plaster underneath the ends to prevent the pins from puncturing the flesh. If the naevus is large there are many methods of strangulation (the Professor demonstrated several on the blackboard); but there is a very effective means of strangulation introduced by Erichsen, who was a famous knot-tier. In this operation a

round needle should be used with a sharp bayonet point. You then thread the needle with double-braided silk, and after carbolizing and waxing the thread, one thread should be colored black. You then pass the needle underneath the base of the tumor at about two-fifths of its length and leave a loop in the thread; re-introduce the needle again at about one-fifth of its length, and again leave a loop at the upper margin of the tumor; again pass the needle down at about three-fifths of the length of the naevus, and leave another loop at the lower border of the tumor; then pass the needle up again at about four-fifths of the length or at the opposite extremity of the naevus, cut all white threads on one side of the tumor, and black threads on the other, and tie the free ends of the thread tightly, the white on the one side and the black on the other. This effectually strangulates the mass. Another method of eradication, and perhaps the best of all, is by electrolysis, which consists in passing the negative and positive needles into the tumor and applying a galvanic current.

The cavernous or venous angioma can be treated in a similar manner, and may be diagnosed by their doughy feel and the absence of pulsation. Occasionally vein stones are found in these tumors, which are formed by a deposition of hæmoglobin or other crystalline matter. They may be forced into the circulation and cause death by the occlusion of the vessels.

The arterial or pulsating angiomas are the most serious, and according to proper nomenclature should really be called aneurism by anastomosis. They are tumors composed mainly of arterial twigs, are pulsating, often purple in color, readily compressible and having a doughy sensation when handled. The diagnosis is easy; the treatment difficult. Even tying the main vessel leading to the part does not always cure the patient, on account of the readiness with which the collateral circulation is established. These tumors also sometimes receive the name of "Erectile tumors," because of their increase of size at certain times. Some of you may remember the Professor showing at last year's clinic a patient with such a tumor of the lip. The ligation of both facials and the infra-dental caused

but slight diminution in the size of the tumor. Electrolysis and the galvano puncture have been tried by other surgeons, but without avail. If the pulsating tumor lies within the course of a single vessel, sometimes the ligation of the artery may arrest or cure the effection. Professor Helmuth cured an immense erectile tumor of the face by the ligation of the common carotid on the affected side. Some surgeons recommend complete excision, and this may be done when the tumor is situated in a part of the body where the removal of a large amount of tissue would not sensibly be felt.

Surgical Clinics at Ward's Island.

BY PROF. HELMUTH.

THE first visit to the Ward's Island Hospital was made on Wednesday, the eighteenth of November, when Prof. Helmuth performed two operations for the radical cure of Hernia. Before beginning the operation he gave a short but comprehensive lecture on the structures composing the walls of the abdomen, and made a few remarks on hernia in general.

The first patient was a woman suffering from inguinal hernia, who, being etherized, was placed upon the operating table. The first incision was made over the tumor, through the integument. Then an incision was made through the two layers of superficial fascia, and the vessels ramifying between these structures were ligated. The external and internal oblique, and the transversalis muscles were then divided, making an opening to the peritonium, the utmost care being exercised in all the incisions. The protrusion was then reduced and the prolongation of the peritonium which contained the hernia was drawn forward and held. Two silver wire sutures were introduced through both pillars of the ring for the purpose of drawing them together. Then this prolongation of peritonium was wound tightly with catgut, making a plug, which was inserted in the ring between the two sutures, when a third suture was made through the pillars of the ring, passing directly through

the plug. These sutures were then drawn tightly together, and firmly tied, thus closing the ring, the ends of the wires being left below the surface. Iodoform was dusted over the wound, and the external opening was afterward closed by several silver wire sutures, the ends of which turned over on a piece of adhesive plaster which had been placed at one side of the incision, then the ends of the wire were covered by another piece of adhesive plaster. An antiseptic pad was then made of cotton, sprinkled with iodoform and covered with gauze, which was placed over the wound and held in position by a roller bandage. The pad was placed over the parts to prevent laceration and return of hernia in case any spasmodic muscular contraction ensued.

The second case was a Bubonocoele or incomplete inguinal hernia on either side. A Bubonocoele is a protrusion of the intestine through the internal abdominal ring and the inguinal canal, and is arrested at the external abdominal ring, which prevents its descent into the scrotum. Prof. Helmuth operated upon these by the Heatonian method, which consists in injecting *Quercus Alba* into the sac. The finger is passed up from the bottom of the scrotum until it enters the ring. A hypodermic syringe is filled with the fluid, and the needle inserted at the end of the finger; the finger is then withdrawn, when fifteen or twenty minims of the fluid is injected. The object of injecting this astringent fluid is to set up a plastic inflammatory process, which in its progress and termination will close the ring. The professor ordered that the patient be placed in bed and remain for at least two weeks, with compresses applied over the parts.

AT THE HAHNEMANN HOSPITAL.

Mrs. B., aged forty, was operated on eight months ago for scirrhus of the breast, which not proving successful in the extermination of the disease, was brought to the above hospital to have a re-amputation of the breast performed by Prof. Helmuth. The patient was etherized, and having been placed on the operating table, the part was then washed with a carbolyzed solution. The arm was drawn away from the body and held

in that position by an assistant. Prof. Helmuth marking with his eye the part to be removed, made an oval incision through the integument, which embraced the tumor and well into the healthy tissue. The knife was then carried quickly down to the pectoral muscles, and the tumor separated from the muscles, to which it had become firmly adherent, owing to extensive old adhesions. A few spurting arterial twigs were ligated. The wound was then carefully examined, and a secondary development of carcinoma was found, which, with a number of suspicious particles of tissue, were removed. The wound was then thoroughly irrigated with a mixture of Corrosive Sublimate and hot water (1—2000), and a decalcified bone drainage tube inserted. Prof. Helmuth being called away, the House Surgeon, Dr. Fulton, applied the dressing to the wound. He first brought the edges of the wound together as closely as advisable, and held them in that position by three wire sutures with buttons attached, which were inserted into the tissue about one inch from the edges of the approximating surfaces. The edges were then more thoroughly united by whale tendon sutures. The wound was then packed with marine lint, lubricated with vaseline and covered by absorbent cotton and gauze, held in position by adhesive straps. A bandage was then applied over all, and the patient removed, to enjoy the invigorating effects of a good and comfortable bed.

Practice.

Prof. Houghton's Clinic.

THE following cases were not selected, but reported as they appeared before a class of four students who examined each patient. Clinic held three times a week :

November 16, 1885.

ACUTE CATARRHAL OTITIS MEDIA.

George Krutt, seven years old, has pain in his ear, with peculiar noises ; been painful for one week ; last night pain very much more severe.

GENTLEMEN—The symptoms of pain in the

ear point to one of two things, either inflammatory action in the tympanum, or it is a reflex condition. If the pain be due to otitis, there are other symptoms besides the loss of hearing, such as swelling of the membrane, and at a more advanced stage, rupture of it. In otalgia there is pain, and the lesion is in some other part. If the patient has had no previous disease of the tympanum there will be an absence of all signs of inflammatory action. In this boy we have previous symptoms of pain in the history, and, last night, extreme pain. On examining the ear you find a moist canal, epithelium, ceruminous accumulation, and the drumhead itself far from normal ; it is bluish above, whitish below, especially posteriorly where there is a bulging. This lad shrinks from the pain of the manipulation. We should exercise great care in wiping out the canal. You are familiar with the details of that picture to which I have called your attention, (Politzer's Plates) and having that in mind I want you to look at this membrane, and see in what respect it is like it, and in what respect it differs from it. Take the auricle between the first and second finger, draw it upward and backward, place the speculum in position and move it as required by the thumb, until you get the drumhead fully exposed.

The diagnosis is acute catarrhal inflammation of the middle ear ; this case will serve to teach us the importance of recognizing what is meant by ear-ache. The ear-ache may either be due to neuralgia or some reflex irritation. In this case the pain is due to the excessive engorgement of the membrane, which presses the sensitive nerves, and thus causes this suffering. It is a very interesting case. The first question that arises in the mind is as to the etiology. The mother says that he had sore throat for two or three weeks. That extended up the Eustachian tube, and now it is acute inflammation of the mucous membrane of the tympanum. When we come to the study of the causes, of course all the surroundings have to do with it. First, there is the effect of the climate : constant changes, to-day hot, to-morrow cold, the next day between the two, and the result is as we see, the head cold extends up until the tympanum is involved.

There is a great deal of ignorance about this matter ; children should have proper underclothing, particularly the extremities. Children are allowed to run with their feet and legs unprotected. Those who are catarrhal subjects should wear some form of underclothing summer and winter, so that the perspiration from the body is absorbed, and the frequent and rapid changes in the temperature do not have so marked an effect.

We go further in the discussion of the cause of the disease, and ask what are the prospects for the little boy ? The prognosis in these cases is unfavorable, unless they receive prompt and systematic treatment. This case would go on to acute suppuration, with a rupture of the drum-head and a loss of more or less of tissue, with the probability that if not stopped, to a large degree, the drum lining would inflame, modifying the mobility of the whole mechanism ; but under treatment the prognosis is favorable, because we shall heal the inflammatory action by local means and internal remedies, and afterwards treat him so that adhesion will not take place. This case is interesting in that it shows the bulging of the membrane, which is in all probability caused by a mixture of mucus and lymph, but if that is not broken down by suppuration, the drum-head will be restored to its plane, and everything be right.

As to the treatment there are two factors ; instrumental and medical. The instrumental consists of inflation of the drum cavity, which connects with the opening of the Eustachian tube, and by which the drum-head can be brought into its proper plane. The remedies in these cases are Aconite, Ferrum, Chamomila, Pulsatilla, and at the latest stages Sulphur. The choice in the intermediate stage is probably between Aconite and Ferrum. He has a rapid pulse, high temperature. He might need Ferrum Phosphoricum and afterwards Mercurius. In speaking of the remedies there is another question to discuss, and that is as to the local treatment. We have no hesitation in mitigating the pain of such a patient by such remedies as Belladonna and Plantago. Plantago has a decided effect on the ear as regards pain. We will give the lad a mixture of Plantago with glycerine, and

Ferrum Phosphoricum in water every hour, and see him the day after to-morrow.

CHRONIC SUPPURATIVE OTITIS.

James Healey ; pain sometimes, ear runs ; the fact that it is occasional is suggestive that it is chronic disease of some form, which is further evidenced on examination of the canal. The canal is crusty, moist, narrow, and on bringing the region of the drum-head into view it is covered entirely with pus. This case presents an appearance sometimes seen in cases of long standing chronic suppuration, in which the drum-head is not sloughed, but has simply poured through its structures, transuded through its very structures, the results of suppuration in the middle ear.

The disease has existed for a great length of time. He says he cannot remember how long he has had it. That is undoubtedly so. On examination we find the membrane thick and pinkish, with the malleus very red, and so far as we can judge, the drum-head not perforated, regarding that condition I would not speak positively, because it is impossible to tell here whether the membrane is ruptured or not. The left side is in the same condition. The canal presents the same appearance as the other, the drum-head also. To determine the actual condition, the patient must be subjected to Politzer's method of inflation, and that will settle the question of perforation. If the Eustachian tube is not permeable, the treatment must be directed to the condition of the naso pharyngeal tract, and after a time, Politzer's method will be effective. This case follows after the other in a way which illustrates the result of neglected acute otitis, and undoubtedly in the early history of this patient, there was a similar condition to that of the previous case, but not having systematic treatment of the proper sort, it passed on from a catarrhal disease over the border line into a suppurative disease, and has been for a long time past a suppurative disease. What I have said suggests the history of the case. The prognosis is necessarily unfavorable. This patient has undoubtedly escaped some of the serious consequences of chronic suppuration, in that the

tissues are not sloughed to a very large degree. The question is asked as to whether it would be wise to use Politzer's method of inflation. It would be advantageous, because it is a very salutary process, and the cases in which Politzer's method of inflation would be injurious are those in which the membrane is softened in acute inflammation, and is easily torn or ruptured, and even then it would be better that Politzer's method be used, because such a lesion as a slight rent often repairs itself over night; the degree to which the membrane restores itself is something simply wonderful. Other things being equal, it is better that the tympanum be thoroughly inflated, even at the risk of rupture, for rupture repairs itself so rapidly. If there is a danger of rupture of the membrane, it is better to perform paracentesis. Ordinarily once a week inflation should be used; but where a patient is at hand, I would see them and cleanse it every day myself, and use the Politzer, judging of it by the effects produced. What you want to do is to separate the membrane from the posterior walls, and after that, the repair goes on very rapidly. Here is a follicular pharyngitis, the mucous membrane is bright red, engorged and dry. Belladonna is the remedy he should have, which will prepare him for other remedies afterwards.

ECZEMA OF THE AURICLE.

Kate Duffy. This is a case which we have seen in the College Clinic, and is now rather worse. The diagnosis is, eczema of the auricle. It is very much worse. Burning pain. There is only one thing to do in such a case as this, and that is to stick to the internal remedies, because it is a trouble with the blood, as the people say. Local remedies will mitigate the suffering, and local remedies that will palliate the symptoms are allowable, but no application that suppresses that eruption will answer. Whatever notion people may have about the relation of external to internal things, I am satisfied by actual experience, with children particularly, that an external condition like this, if it be suppressed, is followed by internal lesions, and what the good woman has to do is to be patient,

and come out of it in better constitutional condition in every respect, with the probabilities that such things do not recur. The question was asked whether it would not be better for her to go to bed and stay there. It would facilitate matters to do so. There is not much itching, but a burning sensation; does not drink a great deal, but frequently. Strong symptoms of arsenic. We will give her the arsenicum at present, and she will come on Thursday. She will take this medicine every hour to-day, every two hours to-morrow, every three hours on Wednesday, and come to me on Thursday. I base that increase of intervals on the certainty that there will be a relief. Make an application of a little vaseline. The question was asked whether yeast ought not to be used. I have never used yeast, because I do not know that it has any more effect than any other warm application. In such a case as that I do not apply the poultice directly. I put something between the poultice and the tissues.

Anna Nugent. Pain in the ear. In the fall clinics patients are seen suffering the effects of the rigors of New York; in such weather as we have had during the last week, a low degree of temperature, dry air, then moist air, with a change from summer to winter clothing, or rather the neglect of it, soon brings this result.

Gentlemen: It is best to follow a systematic habit of examining the ears, because you learn something of the general condition of the patient. Examine the right ear first, because a method of examining should lead to a method of recording the result. When you always look at the same ear first, you have no difficulty in remembering how one ear looked, when compared with the other. There is nothing peculiar about the appearance of the auricle; the canal is a little red; on examination the canal has moist, soft, waxy secretions, which are probably purulent. There is no acute pain apparently. Had no pain weeks ago. Could not hear very well. Did not discharge before. The cases in which there is a discharge from the ear without pain are rare, and occur in phthisis pulmonalis. In this case there is a history of disease, although the child says there was no

pain at that time, and that now the pain has occurred. Still, there is this to be said, patients do not recognize the antecedent history, and in all probability this patient has had trouble in her previous history, and that was the foundation of this ear trouble, which was so readily built up a month or two months ago, and which show the acute symptoms now.

The manipulation of the instrument causes an increase of the pain. We should expect that, when the ear is tender to the touch, it will be especially tender to the touch of the probe and cotton. I want you to look at this with a strong light, and when you compare it with that picture you will see the difference between the ear and the diagram. The membrane, instead of presenting such a view as we have in the diagram, is thick and reddened in portions of the anterior and posterior walls. There is a large area of thick, dense, white, absolutely opaque tissue. This is the result of previous inflammations. In all probability it is perforated. In this case we have to use Politzer to drive the pus out, and give her a local remedy to relieve the pain, and an internal remedy to reduce the inflammation.

Annie Graham. The trouble began with eruption at the upper portion of the auricle, which is in union with the scalp, and extended down, all about the ear. Same condition on the other side. Notice the mucous membrane of the eyelids; blepharitis ciliaris. The first essential thing for this patient is to look after her nutrition, that is indicated by every external symptom. Her mother says that in the morning she takes a cup of coffee, and at dinner time some steak; the only thing she can make her eat is a little piece of steak. What this child needs is milk, bread and good butter, oatmeal and hominy. No tea, no coffee, but milk and Baker's cocoa and grains, hominy more than oatmeal, and leave meat alone for a while. Give her Clapp's Elixir of Beef three times a day in addition to milk and hominy. For this vascular eruption we have used Murdock's beef. Give her a dose of psorinum every night, and we will see her again.

Lottie Brown. Ear has been running since a baby. Great amount of wax in the canal. Canal filled with watery pus, and it is impossible to

tell its condition till it is cleansed. Suppuration from childhood. What does that mean? That means loss of tissue in most cases, and necessarily an impairment of the function, when the suppuration ceases. If suppuration does not cease, it suggests sloughing, periostitis, necrosis, caries, meningitis, death. Why these patients are allowed to go on with this history of suppuration is easily explained, because the profession did not do its duty in the past five centuries, and the people have come down with the expectation that nothing can be done for the ear, because nothing is done. If these things were in sight, they would care for them, as they do for ulceration of the cornea; but they are out of sight, hence out of mind. What this child needs is to have that ear cleansed carefully with absorbent cotton till these tissues are exposed to us, and we can determine what the probabilities of the future history are. This case under treatment will get well; of course, with a loss of a certain amount of the function. That is to be expected in the case of such a patient. It is better to be saved from the ulceration than it is to continue the ulceration, and keep a certain degree of hearing. That is one thing people have not been taught, and do not understand, that a moist ear, a running ear, is a better hearing ear than one that has been cured. They do not see the danger. Other things being equal, a catarrhal disease with thickening is less dangerous than is a case where the discharges keep the tissue mobile. People make no distinction, and use syringes indiscriminately, and the mischief comes. No more syringing, and come once a week. I want you to drink milk. Do not drink tea and coffee. Plenty of bread and butter. A little lean meat. No pastry, no cake, but grains, potatoes; avoid fat and fried food.

From Dr. C. C. Clark, Oswego, N. Y.

* * I HAVE made sufficient experiment of "Colden's Liquid Beef Tonic" to enable me to say it is by far the best of all the preparations of the kind (FOOD and TONIC) that I have ever used. To the sufferer from chronic diseases, or the convalescent, it is invaluable, being both nourishing and strengthening.

Prof. Liebold's Clinic.

December 2d.

CASE I.—Purulent Ophthalmia.—Mr. —.

Fifteen days ago the patient noticed the first symptoms. The left eye was the one involved, and now the sight is lost in that eye.

There has either been an ulcer of the cornea or an inflammation of all the tissues of the eye. Of the tissues of the eye, the conjunctiva, cornea, choroid and iris are most apt to become acutely inflamed. In the sclera the tendency is more towards degeneration, and the tissue becomes so thin that the pigment shows through, giving a slaty color.

There is less pus when it comes merely from an ulceration of the cornea than when all the tissues are involved.

You should inquire carefully into the history of the case, and discover, if possible, the cause. When it is of an especially severe and rapidly progressing type, it is usually of a gonorrhœal character. This patient denies any such history, but patients do not always tell the truth.

The course of this disease is so rapid that within twenty-four hours of the onset the cornea may slough.

Treatment: Put patient to bed, and take every precaution in the way of cleanliness and disinfection, in order to prevent the other eye from being involved, if but one is attacked at first. You may use dry cold, if it seems best, but wet applications are to be avoided.

Argentum nitricum, externally and internally, is the most efficient remedy.

CASE II.—Staphyloma Corneæ.—Miss —, aged fourteen. When nine years old had measles, and both eyes were effected, the right one but slightly. On the cornea of the left there has been an ulcer, which must have involved a large part of its surface. The sclera has also been effected, and the slaty appearance is easily seen. The humors of the eye have become more watery because the secretion is increased, and it is this which has produced the increase in size and protrusion of the bulb. The retina will doubtless be found detached.

Treatment: In this case the only thing to do is to remove the contents of the bulb, so that a glass eye can be used. There is danger that the right eye may be sympathetically affected if the other is allowed to remain longer.

Cystitis and Dysmenorrhœa Cured by use of a Pessary.

BY R. E. M'DONALD, M. D.

LAST spring Miss C— came to me with the following history: Age 28, menstruates every four weeks, flow lasts from five to six days and is profuse. Has much pain just before and during the first few days, with relief after.

She also stated that she was troubled with frequent calls to empty the bladder, as often as once in a half hour during the day and from seven to ten times at night while suffering from a bad attack, and that she had more or less incontinence during these times.

The evacuation of the bladder was attended with much pain, burning and straining. These symptoms were all aggravated immediately after the menstrual flow ceased and again about two weeks later.

This condition had existed since she was fifteen years old, and had been getting so much worse that she was compelled to give up her occupation.

She had been under treatment (allopathic and homœopathic) both in this city and in Massachusetts, where she resides—without any real benefit.

A trial was made with internal medication, on account of her disinclination to have an examination made. The result was as before, one or two days' relief, then as bad as ever.

A physical examination was then proposed, which she consented to. The uterus was found low down in the pelvis and anteverted. It was quite mobile. Cervix small and somewhat congested. There was but little tenderness to be found except at the base of the bladder.

Nothing abnormal could be discovered in the urethra.

I decided that the displacement must be the cause of the bladder trouble and dysmenorrhœa, and advised the use of a pessary, which I introduced.

The relief was immediate. She has had but one slight attack of the bladder trouble since, and does not have to rise at all at night. The dysmenorrhœa having been relieved as well, she reports herself as being cured, and has returned to her former occupation, still wearing the pessary.

The pessary used was a modified Albert Smith, with a small cup inserted in the open space between the arms.

The uterus being first elevated and the version corrected, the pessary was introduced, and placed so that the cervix rested in the cup.

The method by which the cure of these two affections was brought about seems plain enough—congestion of the depressed and anteverted uterus, being caused by the interference with the return of venous blood, was promptly relieved by the elevation of the organ. The vesical trouble, which evidently depended on the pressure from the anteverted uterus, disappeared when the cause was removed.

A New Society.

DEAR DOCTOR.—An association of medical practitioners was organized on October 28th, and incorporated under the laws of the State of New York as the

AMERICAN OBSTETRICAL SOCIETY.

It is the purpose of this society to engage in the study of the art and science of obstetrics in a systematic manner, with the hope of making its practice more exact and satisfactory. With this object in view, it is deemed desirable to include within the membership every physician who is especially interested in the development of this department of medical practice. The society has already seventy-nine members, located in twenty-one States, with the following officers elected to serve until the annual meeting in June next:

President, GEORGE W. WINTERBURN, M.D., of New York.

Vice-Presidents, HENRY MINTON, M.D., of Brooklyn.

PROF. SHELDON LEAVITT, M.D., of Chicago.

PROF. WALTER WESSELHOEFT, M.D., of Cambridge, Mass.

Secretary, EVERITT HASBROUCK, M.D., of Brooklyn.

Treasurer, CLARENCE M. CONANT, M.D., of Orange, N. J.

Meetings will be held as often as practicable, the first of which will be in New York on December 10th, and of which further notice will be issued at a later date. The annual meeting for 1886 will be held at Saratoga, in connection with the meeting of the American Institute of Homœopathy.

The annual dues are two dollars for the first year (this includes the certificate of membership) and one dollar for each subsequent year. It is hoped that plans for an equitable dissemination of papers and discussions may be evolved which shall promote the largest benefits to the membership. The transactions of the society, including all the papers and a stenographic report of the discussions will, for the present, be printed in full in the *Homœopathic Journal of Obstetrics*.

A cordial invitation is extended to any one interested in the objects of the society to communicate with the Secretary,

E. HASBROUCK,

253 Thirteenth street, Brooklyn, N. Y.

November 3, 1885.

Exchanges.

The December Century.

A PERSONAL interest attaches to several of the pictures and articles in the *December Century*. The frontispiece is a striking portrait of the late Helen Jackson ("H. H."), with which is given an appreciative account of her life and writings, by a New England writer, followed by seven new poems, her last work in verse. George Parsons Lathrop draws entertaining word-portraits of the Gardiners of Gardiner's Island, under the title, "An American Lordship," and the sketches, by Harry Fenn, give charming glimpses of their island estate. Mark Twain contributes a chapter of autobiography, entitled

"The Private History of a Campaign that Failed," which is humorously illustrated by Kemble. It describes the writer's short service as a Confederate volunteer, and is the perfect type of a satirical war paper. The sketch has historical value as showing the fluctuations of opinion at that time, and the unmilitary character of some of the earlier campaigns. The writer's well-known map of Paris is not funnier than the maps he has sketched for his contribution to *The Century War Series*. Captain Ericsson furnishes the serious war paper of the number, which is both important as a contribution to history and interesting to the general reader, since it describes the principles of construction of the original *Monitor*, and the performances of "The Monitors" as a class, all from the point of view of the inventor. The pictures illustrate fully the battle incidents, as well as the mechanical side of the paper. "The Loss of the *Monitor*" is briefly and most graphically described by a survivor, Francis B. Butts. The Shah and his palaces are described incidentally in an attractive illustrated paper on "The City of Teherân," by the Hon. S. G. W. Benjamin, late United States Minister to Persia.

James's "The Bostonians" and Mrs. Foote's "John Bodewin's Testimony" are continued, the latter containing an episode of tragic interest, wherein a characteristic phase of Western life is depicted. This number contains also two short stories, one by H. H. Boyesen, entitled "A Child of the Age," and the other, "Mrs. Berty's Tea," by Thomas A. Janvier (Ivory Black), author of "Rose Madder," etc. This extravaganza gives a strikingly satirical view of modern "polite conversation," in which the most startling things are said and heard, and the most sacred subjects are discussed, in a purely conventional manner.

An art interest is lent to the number by Henry Eckford's essay on "The 'Lamia' of Keats, and the illustrations by Will H. Low," with wood-cuts of some of Mr. Low's drawings; and by a suggestive essay on "The Lesson of Greek Art," from Dr. Charles Waldstein, the young New Yorker who lectures on Greek Art in the English Cambridge University.

Popular essays are contributed by the Rev. A. F. Schauffler, on "Faith Cures"; by John Burroughs, on "Bird Enemies"; and by Professor Waller, of the Columbia College School of Mines, on "Dangers in Food and Drink." The writer's position as chemist to the New York Health Department lends weight to his opinions regarding this important subject. Short essays in the "Open Letters" department contain opinions by Senator Edmunds, Judge Cooley, Francis Wharton and Allan G. Bigelow on the question recently brought into discussion in *The Century*, "What Shall be Done with our ex-Presidents?" Washington Gladden writes of the Poetic Outlook, and an anonymous humorist, in "Wanted—A Universal Tinker," suggests a new mechanical profession. In "Topics of the Time" are editorials on the pursuit and uses of wealth, and "On the Sunday-school and Good Literature."

College Notes.

FRANK got his gobbler this year as usual from the Senior class.

"A CHILD needs the sun and fresh air as much as a growing plant."—DESCHERE.

ONLY three more weeks of lectures, and then the poor medical student will see the girl he left behind him.

THE Senior class are to have a supper on Thursday evening, December 17th, and will, doubtless, have a good time.

STUDENT (anxious for knowledge): "Professor, do you think these single tube microscopes are as good as those *bivalve* ones?"

DR. C. L. DYER, '85, left his office, at 120 West Forty-fifth street, in the hands of a trusty assistant the other day and made us a call.

WE understand that the Freshmen applied themselves with unwonted assiduity to the problems in Sanitary Science, and with the most flattering results.

DR. C. F. ELLIS, '79, who has been located at Ligonier, Indiana, in the practice of his profes-

sion, is taking a special course of instruction in the Ophthalmic Hospital.

DURING the recent vacation a most interesting post-mortem of a case of congenital heart disease was held by Dr. A. W. Palmer, assisted by Hatch, Dodge and Keeler. A report will be furnished later.

F. L. BARNUM, C. F. Buck, W. S. Pearsall and G. H. Richards, all '85's men, who are in the Ward's Island Hospital, have given us a call within the past few days. Right glad are we to see their familiar faces.

ORANDO S. RITCH, M.D., "Class '78," Surgeon to the Cumberland street, Brooklyn Dispensary, and visiting physician to the Brooklyn Nursery, has been elected Adjunct Surgeon to the Brooklyn Homœopathic Hospital.

WE have been asked who are the men in our class who will be "plucked," and we answered proudly that '86 did not contain any that when "weighed would be found wanting." Let each man *work* from now on, and the truth of our prophecy will be proven.

TUESDAY, December 22d, Prof. Dowling occupied Prof. Danforth's hour, the latter having gone to Philadelphia to deliver in the evening the second lecture of the course arranged by the Hahnemannian Institute. The Professor's subject was "Puerperal Fever."

MEMBERS of the class of '85 will undoubtedly be pleased to know that we have got as far as the Glands of Tyson, and furthermore it is a noteworthy fact that they are still in the *Best* possible position for anatomical and surgical study, the same as one year ago.

F. R. S. WHITE, M.D., can be found in his office at 1976 Madison avenue, when he is not alleviating the ills of humanity in his clinic at the Dispensary of the College, or engaged in his special course in the Throat Department of the New York Ophthalmic Hospital.

REMEMBER if you hear of an item of news concerning an alumnus which interests you, that it will probably interest a host of your brother M.D.'s, so give them the chance to know of it in the only possible way, *i.e.*, through the medium of our college paper, THE CHIRONIAN.

QUIZ IN MATERIA MEDICA.

Student: "*Rhus* is also indicated in articular rheumatism, especially of the joints."

Professor: "And what would you give for articular rheumatism when *not* in joints?"

Student is still thinking of a remedy.

A. D. CHATTAWAY, '85, who had the misfortune to get "blown up" by fulminate, has nearly recovered, but loses the sight of one eye. We extend our sympathy, but feel sure that Dr. Chattaway will still see more cause for mirth with one eye than most of us can hope to do with a pair.

MONDAY evening, November 23d, Prof. W. Storm White gave a lecture on the histological structure of the skin, illustrated with magic lantern views of the tissues described. In spite of the extremely inclement weather there were in the audience, besides our own students, a number of ladies and many practitioners. It was voted a success by all present.

OUR College had the honor recently of a visit from that venerable pioneer in the cause of homœopathy, and promoter of general health and hygiene, Dr. Dio Lewis. This well-known public worker met with a hearty reception from our men, recognizing as they did the world-wide and beneficent influence of the emanations of his busy brain. His nephew, G. W. Lewis, A. B., is a member of the Senior Class.

OCCASIONALLY we are afraid some of our professors who invariably open their lectures with a quiz, think, from the number of vacant front seats, that a number of the Seniors are absent. This is usually not so, and we are going to "give it all away"; for if the lecturer will cast his eyes upward, he will generally find the owners of the aforesaid seats perched in fancied security in the "second balcony."

THE students of the College were indebted to the Executive Committee, and Dr. Shelton, Corresponding Secretary, for invitations to the first annual lecture under the auspices of the Alumni Association of the New York Homœopathic Medical College, at the University Club Theatre, December 3, 1885, by Asa. S. Couch,

M.D., of Fredonia, N. Y. Subject, "The Learned Professions ; One Point of View."

THE Senior Class has been divided into sections of ten each for practical work in the department of Physical Diagnosis. Each Wednesday evening Prof. Dowling will meet one division in the lower lecture room, where subjects both diseased and healthy will be furnished for examination. This is accompanied with an informal quiz, and no opportunity is neglected of impressing the keynotes of the preceding lectures.

A CHANCE is now offered for any member of the Senior or Middle classes to make a contribution to the cause of scientific therapeutics in the way of drug proving. No knowledge of the drug or its action will be given the provers, until the conclusion of the work, when the result may be used very acceptably as a thesis. Dr. J. E. Lilienthal will furnish the drug and superintend the proving. It is hoped that a number will respond to this invitation, and it is especially desired that some ladies should be among the number.

HAWLEY went to his home in Clinton, N. Y., to prove the value of accurate anatomical knowledge in the dissection of turkey and cranberry sauce ; Wentworth went home to sample some of the mince pies made by that plump little girl he hears from twice a week ; Martin taxed the culinary department of the Hahnemannian Hospital to its farthest limit ; and Hallock went out of the United States and took his Thanksgiving dinner in New Jersey. The rest of the Senior Class were thankful they had nothing worse than boarding-house chicken and restaurant stews.

THE class of '88 is now a legally chartered incorporation, capable of contracting debts, such as class suppers, and paying for broken glassware. At a duly advertised meeting held in the Amphitheatre, November 20th, a staff of regularly commissioned officers were elected. Business opened with C. P. Fletcher in the chair, while W. H. Haviland acted as temporary Secretary. The balloting resulted as follows : President, C. N. Platt, of New Haven, Conn.; Vice-President, C. P. Fletcher, N. Y. C.; Secretary and Treas-

urer, W. H. Haviland, Glens Falls, N. Y. The meeting then adjourned.

WE point with pride to the following Annual Report of the Dispensary of the New York Homœopathic Medical College for the year ending October 1, 1885 :

From fifteen to thirty clinics are held daily by the different members of the staff, all of which are freely opened to the students of our College.

Whole number of new patients treated,	9,001
" " visits to outside poor,	2,454
" " prescriptions dispensed,	30,000

This is individually divided among the different departments as follows :

Department of Gynæcology, new cases,	. 443
" " Dermatology " "	. 279
" " Mental and Nervous Dis-	
eases, new cases,	. 135
" " Surgery, " "	. 888
" " Orthopædic Surgery, which	
has only been established	
a short time, . . .	15
" " Pædology, new cases, . .	1,485
" " Diseases of the Heart and	
Lungs, new cases, . . .	462
" " Genito-Urinary Diseases,	
new cases, . . .	535
In the General Clinics, . . .	4,756

M. J. HALL, M.D.,

Resident Physician.

Marriages.

WE learn from the Watertown *Daily Republican* that Oct. 14th was an eventful day at the residence of Mr. and Mrs. Dewitt Copley, of Antwerp. The occasion being the marriage of their daughter, Miss Emily M., to Dr. J. Wells Candee, of Syracuse, N. Y. We wish we had the space to mention the decorations, dinner, and music which contributed to the pleasure and was in keeping with the elegant character of the whole entertainment. The Doctor and wife may now be found in Syracuse, N. Y., where he has been engaged in practice since his graduation in 1879, from our College.

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THE CHIRONIAN will be sent until ordered discontinued.

OF all the old festivals that of Christmas awakens the strongest and most heartfelt associations. Its influence, gentle and persuasive, yet mighty, reaches many lands, affects many hearts. The return of Christmas is also the return of happy memories and jubilant hopes. Its coming shines afar. In the mature beauty and golden glory of autumn, in the fairy-like and mysterious haze of Indian summer, the radiance of the hallowed festival is seen. Thanksgiving's joy and felicity are increased, and the sense of thankfulness for blessings is heightened by perceiving the Star of the East again rising in splendor. As the days go swiftly by and the earth exchanges its brown and sombre garb for that soft and spotless mantle that so noiselessly enwraps and purifies, each crystal as it falls gives forth such clear mild light of brilliant purity that it surely must be the reflected glory of that great light that guided the wise men of old. And how old customs—the quaint humors, the burlesque pageants, the complete abandonment to mirth

and good fellowship with which this festival was celebrated come to mind! And how old tales and traditions seem to gain in power and vividness and to tell nothing that is false! And so it may be that at midnight on a cold and crisp December evening you may catch the sound of the wails or see outlined the reindeer team with their beneficent driver. But there is something in the very season of the year that gives a peculiar charm to Christmas festivities. At other times nature appeals to us more forcibly and spreads her various charms before us to allure. The song of the bird, the murmur of the stream, the deep impenetrable blue of the over-arching sky, the magnificent panorama of the clouds, the balmy and enticing air, laden with the perfumes of summer—all these tend to dissipate our feelings and diminish social intercourse. But in the winter, when nature lies despoiled of every charm, wrapped in her shroud of sheeted snow, we turn for our gratification to moral sources. Enjoyment is heightened by contrasting the warmth and glow within and the darkness and cold without. What can be more grateful than the sense of sheltered security, when the eager and bitter wind roars and whistles down the chimney, shakes the casements, slams a distant door, and dies away in a dismal moan. It is then that we feel the charm in each other's society, and are brought more closely together by dependence on each other for enjoyment. And it is an especially beautiful arrangement by which the commemoration of the announcement, "Peace on earth, good-will to men," should be also the season for gathering around the domestic hearth those who had wandered afar off, and drawing closer those ties which the pleasures and sorrows and cares of this world are constantly operating to cast loose. But, over all and above all, it is the spirit which prevails and pervades that gives to Christmas its significant and potent charm. The true joys of these festival days lies not in

the richness or profusion of gifts, nor in the generous board groaning 'neath its load, nor in the fire of hospitality in the halls, but in the genial flame of charity kindled in the heart. "Surely, happiness is reflective, like the light of heaven; and every countenance bright with smiles, and glowing with innocent enjoyment, is a mirror transmitting to others the rays of a supreme and ever-shining benevolence. He who can turn churlishly away from contemplating the felicity of his fellow beings, and can sit down darkling and alone when all around is joyful, may have his moments of strong excitement and selfish gratification, but he wants the genial and social sympathies which constitute the charm of a merry Christmas." Again we hear the chimes bearing to each ear their message of peace and love; and to those whose spirits are attuned there comes a faint refrain of these celestial harmonies ringing forth eternally—Peace and Joy. THE CHIRONIAN wishes all its readers a most merry Christmas and a happy New Year.

MANY medical journals are issued monthly, semi-monthly or quarterly. The publishers of these papers and magazines will doubtless be interested in knowing something about the great injustice of the present postal law, and it may interest our readers to know something about postal charges and customs.*

The postage on second-class matter—*i. e.*, regularly issued periodicals not primarily devised as advertising sheets of a business—is one cent a pound. This postage is sufficient to carry a paper anywhere, with one exception; and in that exception lies great injustice to publishers. If the paper happens to be published at a place where there is a carrier delivery, it can be mailed to any point outside of that place for one cent a pound; but if sent to an address in the place, it requires one cent for two ounces. In this respect the law is not astonishing, for the reason that it might be impracticable for carrier offices to deliver any mail at so low a rate as one cent a pound. The law, however, does not stop here,

* Our facts are obtained from the *Art Age*.

but proceeds to admit one set of papers (*viz.*, weeklies) at the pound rate.

Therefore, if a publisher happens to be issuing a weekly at New York, all his mail is taken at one cent a pound; if he happens to issue a monthly, a fortnightly or a daily, he must pay one or two cents on each paper delivered in New York, but only one cent for a pound of papers going to San Francisco, Brooklyn, Boston, New Orleans, or other points outside of New York.

This is manifestly unjust, there being no good reason why a weekly publication should be favored specially.

The theory of the law that the Government encourages the production of papers as educational agents, and that weeklies comprise the bulk of legitimate and beneficial publications is absurd upon an examination of facts. By discriminating in favor of weeklies and against all others, such publications as

Harper's Magazine,
Cassell's Magazine,
Lippincott's Magazine,
The Atlantic Monthly, etc., etc.,

are excluded from the privileges extended to weeklies. These publications certainly benefit the public as much as any of the weeklies. Theoretically the law is unjust; practically it imposes an excessive tax on publishers who issue monthly papers, and in consequence gives undue advantages to publishers of weeklies.

In the present instance the objections to a uniform rate are more numerous than convincing to the publisher, who is bearing the burden of an unjust law. To understand the situation, a few illustrations may be taken.

One thousand copies of *Harper's Magazine* weigh about 700 pounds. The postage on these at the present rate is, if delivered by the cheapest possible means (private firms of carriers who work in competition with the post-office, and find it profitable to do so), would be one cent each, or ten dollars. If the post-office carries them it would be two cents for each magazine. As a number weighs over two ounces, the postage would be twenty dollars. If the magazine happened to be a weekly, [*e. g.*, Franklin Square or

Seaside Libraries,] it would be carried by the post-office for seven dollars. Therefore, on every 1,000 copies of the magazine which are delivered the publishers are forced either to employ some irresponsible private firm, or submit to a tax of \$13 for the privilege of being delivered by the Post-Office as weeklies are delivered.

Many weeklies weigh nearly as much or more than any one magazine and almost every four copies of a weekly—*i. e.*, the aggregate issues of one month will weigh more than any of the monthlies.

Every issue of the *Iron Age*, as a weekly, weighs about as much as a single copy of *Harper's Magazine*. Still, the *Iron Age* is delivered in New York City for one cent a pound. The *Art Age*, *The Art Amateur*, *Art and Decoration*, and many others all weigh less than every number of the *Iron Age*, but they pay two cents a copy postage, and it pays one cent a pound. The *Art Age* is delivered through the post-office. The postage on 1,000 subscriptions to city addresses aggregates in a year \$240. If the *Spirit of the Times* were to pay the same rate of postage on its weekly edition, its postage bill on 1,000 subscriptions would be \$1,040 annually. It pays, in fact, less than \$100 for over five times the same total bulk weight as the *Art Age*.

Each publisher knows his own situation in this matter, and figures tell him that, unless his periodical is one of the fortunate weekly class, he is paying comparatively an exorbitant sum for post-office service, while others get similar service on much easier terms. Congress, at its coming session, should remedy this injustice, and make the rate on papers uniform, whether they are weeklies or not.

PRETTY woman was made to put astonishing garments on, while ugly man was destined merely to pay for them. There is no use in mincing words on a subject like this.

"NEHEMIAH, compare the adjective 'cold,'" said a school-mistress to her head boy. "Positive, cold; comparative, cough; superlative, coffin," triumphantly responded Nehemiah.

Materia Medica.

Indications for Remedies Most Useful in Acute Coryza.

IN no department of medicine is the action of drugs more gratifying than that which follows the application of a well-indicated remedy to abnormal conditions of the mucous membranes. Physician as well as patient are often surprised at the promptness with which these membranes regain their normal tone under homœopathic medication; and had homœopathy done nothing more than to indicate the proper mode of treatment of these important membranes, it would merit the approbation of all who are benefitted thereby.

It is often said that our remedies will do no harm, even if given when not indicated; and thus loose prescribing is excused, treatment is unsuccessful, and true medicine suffers.

Now, it cannot be too well understood that drugs are potent for evil, as well as powerful for good.

The administration of a wrong drug will do no good, and, by doing no good, does harm.

Let us prescribe no remedy for which we can give no well-founded reason.

In the first stage of acute coryza, Aconite is the chief remedy where there is a chill followed by fever, with burning heat of body, face red, or one cheek red, the other pale, the nose is swollen, dry and stopped, and the stoppage changes from side to side; finally there is a thin, watery discharge from the nose.

There is tingling and burning in the nose, unquenchable thirst, and a feeling as though everything would push out of the forehead. Aconite is especially indicated if the attack was caused by exposure to cold, dry winds.

ARSENIC.—Acute coryza, acrid discharge relieved by open air, burning in eyes and nose, patient is restless, but weak; distressing stoppage at bridge of the nose, thirst for sips of water.

IODINE.—Acute coryza with sneezing; discharge is burning, tendency to high fever with

heavy pain in forehead, lachrymation and easy perspiration.

ALLIUM CEPA.—This is probably the best remedy for a cold in the head. The discharge is profuse and acrid, there is smarting in the eyes and nose, the discharge from the nose is thin and flows constantly, there is prolonged sneezing, especially in a warm room, the discharge ceases in the open air, only to return upon entering a warm room again.

Allium Cepa has also an abundant excretion of bland tears, although there is burning in the margins of the lids. The lips and nose are excoriated, eye balls red and sensitive to light. A sensation on coughing as though the larynx will split open is very characteristic of this drug.

Allium Cepa should be given early in the attack.

EUPHRASIA OR EYE BRIGHT.—Fluent bland discharge from the nose, corrosive, biting lachrymation, cheeks become sore, the tears are so profuse that the cheeks are wet all the time.

ARUM TRIPHYLLUM.—Discharge of ichorous fluid from the nose, nostrils, and lips sore, all secretions are acrid, pulse full and bounding.

There may be a thick, yellow, acrid, discharge from both nose and eyes. Patient is thirsty, but drinking causes great pain.

PHYTOLACCA.—This drug has a discharge from one nostril, the other being stopped. This stoppage affects both nostrils on riding in the open air.

There is a feeling in the head and eyes as though a cold were coming on.

GELSEMIUM.—The power of this remedy in the early stage of acute coryza is usually underestimated.

There is no remedy which will more quickly break up the beginning of a heavy cold than Gels.

It has fulness in the head, hot fever, and patient is chilly, as often seen just before a cold is coming on.

There is coryza (catarrhal) with sneezing; patient is dull and weak; chills run up and down the back; inclination to remain near a fire all the time.

NUX VOM.—Copious acrid coryza from obstructed nose; fluent coryza during the day, with stoppage at night.

Coryza agg. in morning, or after eating, with scraping in the nose and throat.

Cold in the head from over-eating; coryza agg. by warmth, and rel. by cool air.

MERCURY SOL.—This is an important remedy in this connection. Its indications are: profuse coryza, extending to the frontal sinuses, bruning in the eyes, violent sneezing, acrid coryza, nostrils red and inflamed, intense frontal headache, tending to perspiration, which aggravates the patient when it comes; also agg. at night. (Kali Iodatum has great distress in the frontal region, but is agg. at 3 or 4 A.M.)

Pulsatilla is useful in the last stage, when the discharge is thick, green, or yellow; loss of taste and smell; no thirst, and patient gets relief from the open air, although he is apt to be chilly.

Surgery.

Surgical Clinics

AT THE COLLEGE, DECEMBER 9, 1885.

I.

CASE 1.—Mr. J. P. R., a patient of Dr. Lambert, felt a small abnormal growth in the centre of his tongue about one year ago. It gave him no particular inconvenience until after it had been lanced by a physician, when three or four small excrescences made their appearance. He then had some difficulty in articulation and considerable salivation. He could give no apparent cause for the growth. His habits were good, and he knew of no hereditary disease in his family, with the exception that an uncle died with some form of cancer about the neck. The growth was subject to periodical exacerbations. Prof. Helmuth made an examination, and found the tongue very much hypertrophied and infiltrated with the disease circumscribed, and pronounced it a chronic interstitial inflammation

involving not only the connective tissue of the mucus membrane, but also the muscular structure of the tongue. Kali. Iod. was prescribed for him in doses of seven gtt, to be taken after each meal, with albuminous and easily digested food as diet, and advised to return in three weeks.

CASE 2.—Mary R., aged 12 years, had considerable difficulty in the usage of her right arm. On examination, the bursa of the elbow was found enlarged. The aspirator was introduced and a sanguineous fluid withdrawn, caused from a rupture of the blood vessels, which gave the enlargement the appearance and some of the characteristics of a sanguineous cyst. A compress was applied and ten gtt of mezereum in half a glass of water was prescribed. A tablespoonful to be taken internally every two hours, and advised to keep the arm as quiet as possible.

CASE 3.—Charles H. suffered considerable from an inflammation and hypertrophy of the nose, with some difficulty in breathing. Prof. Helmuth noticed an enlargement of the mucus membrane of the turbinated bones, and owing to the insufficient light the patient was advised to call in the dispensary and have a thorough rhinoscopic examination by Prof. Beebe.

CASE 4.—Child two years of age was brought by its mother, who said the child's "collar-bone was in its neck." Upon questioning it was learned that the child had had a fall. Professor Helmuth, in rendering his diagnosis of green stick fracture of the inner third of the clavicle, elaborated somewhat upon green stick fractures, and their frequent occurrence on young bones, and illustrated the peculiar features of the fracture by the forcible bending of a green stick, in which the external fibres are broken, while the internal portion remain intact. This case, presenting no deformity, and no inconvenience being experienced, no treatment was required and the patient discharged.

CASE 5.—Fred Z., aged thirteen years, had been treated for the past six months for periostitis of the tibia. He presented several cicatrices in different parts of the body, some of which were there sult of suppuration, while others appeared simultaneously without any previous symptoms. This was a very rare case. The

disease had steadily progressed, and the spinal column was beginning to yield to the effects of the morbid process, and symptoms of paralysis were manifest.

Professor Helmuth prescribed Nux Vomica, one drop of the tincture in a teaspoonful of water, to be taken after each meal, and advised the rubbing of the spine with a solution of Nux, one quart of alcohol to one drachm of the tincture of Nux Vomica, well shaken, and vigorously applied with flannel.

II.

CASE I.—Emma J., aged twenty-four. Swelling on right side of face below inferior maxillary bone. She had received no injury, but complained of her constitution being somewhat undermined owing to the fact that she was compelled to be on her feet ten hours a day as saleswoman in a large retail store in the city.

Prof. Helmuth denounced the barbarous custom of compelling saleswomen to stand during working hours, whether active duty required it or not, and believed the day was not far distant when a radical reform in the treatment of human beings would be instituted, and they would not be obliged to perform their labors on a level with the lower animals. Her family history was good. The diagnosis was—enlargement of the cervical glands, known as an Adenoma. She was put on medical treatment, and Calcarea Carb. 3x was prescribed, one powder of three grains each, to be taken three times a day, and was advised to drink a glass of beer at dinner, and during the day take three tablespoonfuls of Trommer's Malt extract, and call again in three weeks.

CASE II.—Henry K., aged 10, first complained of toothache. Afterwards a boil appeared under the eye, which discharged and gave considerable trouble. Professor Helmuth probed the seat of trouble and found a caseous condition of the lower ramus of the orbit. The patient, not being in a proper condition for an operation, was advised to appear again the following Wednesday.

CASE III.—Mr. William MacR. received a bad sprain of the right arm two weeks ago by the

accidental turning of a large dry-goods box which he was handling. His hand was forcibly supinated, which strained the lateral ligaments and caused the laceration of the fibrous membranes. His arm was slightly inflamed, and he complained of more pain at night, which is characteristic in fibrous inflammations. Professor Helmuth advised him to keep up a gentle and constant motion of the hand, and shower it with cold-water, then apply friction. If the sprain had occurred in a larger joint, he would advise the complete cessation of motion in the afflicted portion for ten days.

CASE IV.—Patient was present at the clinic last week, and presented an abscess of the neck which, owing to its frequent discharging, was injected with iodine to stimulate the granulations, but owing to the thickened pyogenic membrane, the iodine lost its effect. Professor Helmuth advised the obliteration of the inside sac of the membrane by cauterizing it, which was done. It was then dressed, and patient to return in a few days to have it packed and further dressed.

AT THE HAHNEMANN HOSPITAL.

III.

SUPRA VAGINAL HYSTERECTOMY FOR UTERINE FIBROID.—Mrs. B., aged forty four, presented with an enlarged abdomen, the cause of which proved on examination to be an abdominal tumor, from which she had complained a long time. The tumor was quite movable, and from its large size had given her considerable trouble. Prof. Helmuth inserted an aspirator into the tumor, which on its withdrawal presented no signs of fluid, which quite satisfied him that it was not a cyst, but a fibroid of the uterus. The antiseptic precautions were thoroughly carried out preparatory to the operation. The operating-room was fumigated with the vapor arising from a solution of carbolic acid. The solution (1 to 40) was placed in a large bottle, and this being placed in a vessel of boiling water, produced the fumes, which process was continued through the operation.

Carbolic Acid spray was dispensed with

owing to the fact that it causes the abdomen to become cold. Everything being in readiness and the patient anæsthetized, the assistant first cleansed the abdomen with soap and water, then washed the parts with a saturated solution of ether and iodoform. Prof. Helmuth then made an incision through the integument in the median line about four inches long, between the umbilicus and symphysis-pubis. He then deepened the wound by cutting through the adipose tissue, and after ligating a few small arteries, caught up the fascia of the recti and peritoneum, and with the director as a guide, made an incision through them. The abdominal cavity was then explored with a sound, but no adhesions were found to exist. A little ascitical fluid was found, which was soon removed by the use of sponges. The left ovary was discovered behind the tumor undergoing cystic-degeneration, and was removed. The right ovary could not be found because of the adhesions, which existed posteriorly to the tumor. The tumor was then turned out (it weighed about ten pounds), and Tait's clamp was applied around the pedicle. Some elastic ligatures were then tied underneath the clamp. Below these were placed two steel pins to prevent the slipping of the pedicle into the abdominal cavity. The body was then relieved of the tumor, which was a perfect fibroid, and the stump being cauterized with Pacquelin's Cautery (more properly called Thermo-Cautery) was fastened outside to allow it to slough away. During the operation the cavity of the abdomen was kept perfectly free from blood. Every particle of blood and fluid was carefully removed, the wires turned down, and the surface sprinkled with iodoform. Over this a piece of protective was laid, upon which two large wads of sufficient size to cover the entire abdomen were placed. These compresses were over an inch thick of prepared borated cotton, overlaid with conisove sublimated gauze. On top of these another piece of antiseptic protective was placed, and the whole kept firmly in place with an abdominal antiseptic bandage. This patient is now on her twenty-first day, and has never, but on one occasion, had a temperature above 100°—the average being 99°.

IV.

HYSTERECTOMY FOR UTERINE MYOMATA.

The lady was a patient of Dr. Belden's, and was suffering from a tremendous inflammatory action on right side. Prof. Helmuth was called in, and on examination found an enlargement of the abdomen, with very perceptible fluctuation, and her lower extremities swollen greatly. He aspirated and obtained a quantity of blood, which coagulated immediately. This led him to suspect that the lady was suffering from a hæmatocele. Prof. Dillow was given a sample for microscopic analysis, and rendered a diagnosis of a fibro-cystic tumor undergoing rapid degeneration. The patient was operated on at the Hahnemann Hospital as a last resort, with a pulse of 140 and temperature of 104°. The operation was very bloody and prolonged, and the shock which she suffered from was tremendous. She, however rallied from this, her pulse came up and her temperature diminished till it became lower than it had been before the operation. She appeared to be doing well up to the third day when suddenly she began to fail, and died in a short time. Dr. Fulton made an autopsy and found large heart clots entirely occluding the left ventricle.

Prof. Doughty's Clinic.

CASE 1.—John Welch, aged thirty. One year ago had Gonorrhœa, which was cured in three weeks. Eight months since contracted a chancre, which disappeared four months ago. Only an indefinite history of the incubation of this sore can be obtained. He now complains of an eruption over the entire trunk. On removing his clothing we find scattered irregularly over the surface a deep pinkish-red eruption, which, as I press my hand on it, shows decided elevation. Examining any one of these spots we find it is papular, about one-sixteenth to one-eighth of an inch in diameter, hard and rounded, and feels like a shot under the skin. The color, as mentioned, is of a deep pinkish-red, which does not wholly disappear on pressure, but changes to a brownish or coppery hue. Around some of

the spots is a little whitish rim, like a collarette, formed of dead epithelial scales. Sometimes these scales are found on the surface of the papule, giving it somewhat the appearance of Psoriasis.

Papular syphiloderma is generally an early eruptive form of constitutional syphilis. Indeed, it may be the first cutaneous manifestation presented. Another form, called roseola, which is a macular eruption in a great number of cases, is the first eruptive form, and the papular, as in the case before us, follows it, or is coincident with it, so that not infrequently we find both are present at once in the same patients.

The papular eruption presents itself under two forms—conical or miliary, and the lenticular or flat.

This form can again be divided into large and small; and the patient before us presents an example of the small variety. The papulæ vary in size from a pin's head to two or three times that size, and while they may come over the entire body, are particularly prone to develop on the forehead, nose and chin. The second or larger form have a diameter of from one-eighth to one-fourth of an inch, and are raised a line or two above the surface.

They may be flat, round or oval, and their favorite seat is the back of the neck, shoulders, sides of the thorax, hypogastric region, and margin of the hairy scalp. The large lenticular variety resembles those just described, but may attain half an inch or even a full inch in diameter. The collarette may be very pronounced, and the surface of the papule more or less extensively covered with dead epithelium. Examining our patient more closely, we find upon the inner surface of the lower lip a spot of grayish-white appearance, nearly as large as a silver three-cent piece. It is one variety of the "mucous patch." Although the lesion bears no resemblance to the cutaneous eruption, still it is of the same nature; and "mucous patches," whether found in the mouth or around the mucous outlet, are really papulæ, changed in appearance according to their situation, as also by heat and moisture. Papulæ of the lenticular variety, developing about the anus or vulva, being

kept moist and warm, grow luxuriantly, and the surface being macerated, the epithelial layer is removed, and a raw, perhaps ulcerating surface results, constituting what are called condylomata, or, if occurring between the toes, rhagades. The secretion from these "mucous patches" is highly contagious, and if inoculated upon a broken surface on a person free from syphilis, will produce a chancre at the point of inoculation.

Without, at this time, going more extensively into this particular eruptive manifestation, we would call your attention to certain characteristics which seem to differentiate between specific and simple eruptions.

Syphilitic eruptions, as a rule, are circular in outline, as regards the eruptive element itself, and there is a marked tendency for the eruptive forms to arrange themselves in circles or segments of circles. Secondly, absence of prurigo is very marked, though in exceptional cases it may be present, and very pronounced. Polymorphism, or multiplicity of eruptive forms, is highly diagnostic, by which we mean the existence at the same time of maculæ, papulæ, vesicles, and prurigo. But be careful and not confound a given rash going through its various stages of development with the polymorphism of which we speak, in which each form of eruption has reached its full development.

In embarrassing cases, never fail to seek for concomitant evidences of constitutional syphilis.

In the case before us, we institute such interrogation, and find that the glands under the occiput are enlarged, also the one over the right mastoid process; and again along the upper posterior border of the sterno-mastoid muscle.

Now we examine the epitrochlear region, and here, too, we find on each arm an enlarged gland. These epitrochlear enlargements are by no means invariably found, but when present are quite characteristic of syphilitic infection.

Our patient tells us that he has in addition, sore throat, and that his hair is coming out—alopecia, as it is called; and thus we have a typical case of early secondary syphilis.

CASE II.—Angelo Tareola. We find on examination a sore on right side of penis, with a hard base, distinctly circumscribed. The surface is

smooth and shiny, and the secretion scanty and serous. There are indolent ganglionic enlargements in both groins. Moreover, we find on interrogation that a period of 15 days elapsed between his last intercourse and the development of the sore. We are thus enabled, according to previous explanation, to diagnose this as a hard chancre, or the initial lesion of syphilis.

We can safely say that without specific treatment constitutional symptoms will manifest themselves in from 8 to 12 weeks from the development of the sore. We would advise only local treatment, consisting of cleanliness and iodiform. Constitutional treatment to be given after development of general manifestations.

CASE III.—J. J. Harvey. He informs us that he has had a chronic discharge from the urethra for three years. It is slight and watery in appearance, though opaque at times, and aggravated by intercourse or stimulants. Such chronic discharges are by most authorities called gleet, though some try to draw a distinction between a chronic gonorrhœa and gleet, claiming that the latter is not aggravated by indiscretions in eating, or drinking, or by intercourse, while the former is aggravated by such excitement.

For ourselves, we prefer to embrace under the name gleet all chronic discharges when the secretion is slight. This patient has an œdematous prepuce, and at a point corresponding to the frænum, I find a small point of induration, movable in the surrounding tissues. It is the remains of a former folliculitis. Upon retracting the prepuce we find behind the corona, and to the left, a sore which he tells us has existed for a week, and that he observed it first the day following his last intercourse, and thinks it is a "hair cut." Upon investigation, we find the sore has an irregular outline—is the size of a large pea, with edges somewhat indurated, shading off into the surrounding tissues. It is not circumscribed. The edges of the sore are not sharp cut, but slope off toward the centre of the sore. Thus the surface is uneven, has a grayish appearance, and is secreting an illy-formed pus. He says it has not materially increased in size in the last five days. We diagnose it as an abrasion, with ulceration, the result of uncleanness. Why

is it not a chancroid? Because there was no incubation. It did not begin as a pustule, its edges are not sharply cut, that is, it lacks the pinched out appearance, and it has not shown a destructive tendency.

Such abrasions may, however, so closely resemble a chancroid from irritation and uncleanness, that the so-called characteristic features of a chancroid will be presented, even including autoinoculability, that it will be impossible to make a positive diagnosis until the irritation has been removed by soothing applications and cleanliness; for it is claimed that were all the chancroids in the world obliterated, the disease could be started by irritating a simple ulcer and keeping it foul. We find, moreover, that this patient has an enlarged gland in the right groin, which is somewhat painful and tender. It is a sympathetic bubo.

CASE IV.—Boy twelve years old. He is brought in under influence of ether. He has congenital phimosis. We find great redundancy of prepuce, and upon endeavoring to retract it, discover that the preputial orifice is only large enough to admit a fine probe. We cannot insinuate the probe between the glans and prepuce, and diagnose adhesions. I grasp the foreskin between my thumb and finger at a point about midway between the corona, and where I suppose the meatus to be, and drawing it forward, seize it between the blades of a pair of dissecting forceps, having a spring catch, applying them at an angle of about 30°, and while my assistant holds the extremity of the prepuce, I remove all the parts anterior to the forceps by one cut of the scissors. The forceps are removed, the integument of the penis retracts, and leaves exposed a raw surface, corresponding to the glans penis. It is the mucous lining of the prepuce, which must be cut up in the median line to the corona, and the lateral flaps trimmed off, leaving about one-eighth of an inch.

I now try to carry a director through the preputial orifice, and beneath the mucous lining, so as to slit it up, but it fails to enter on account of adhesions. These I proceed to break up with a director, and find them exceedingly tough, requiring a great deal of force. Gradually, how-

ever, the glans penis is enucleated, and now I can introduce the point of a pair of scissors and enlarge the preputial orifice, breaking up adhesions, and slitting back the membrane, until I reach the fossa behind the corona. I find this lining membrane greatly hypertrophied, being fully one-sixteenth of an inch in thickness. I now trim off the flaps, and ligate the frænal artery, and tie spurting points on the dorsum. I always prefer to tie points that bleed freely, even if there is no arterial jet, for the cat-gut ligatures, if cut short, do not interfere with union, and prevent any secondary hæmorrhage, which is exceedingly embarrassing under any circumstances, and particularly in young children.

I now bring the muco-cutaneous surfaces together by points of interrupted suture, the first being on the frænum, the second on the dorsum, and the others between these points, as many as may be needed. We complete the dressing by wrapping the parts in a thin linen rag, covered with calendulated vaseline. The stitches will not require removal, for we take them superficially with very fine silk and tie tightly, and let them cut their way out, which they will do in three or four days.

For obvious reasons we regard this as particularly desirable in babies and young children.

Pædiology.

DURING the past week the following cases have been under treatment by members of the Senior Class:

Bronchitis, by O. G. Hunt and C. E. Putnam.

Follicular tonsillitis, by E. E. Keeler and J. H. Hallock.

Meningitis, by J. A. Stutz and J. W. Telford.

Puerile fever, by F. H. Munro and W. P. Wentworth.

Four cases of whooping cough, by W. L. Bartholomew.

Sanguineous cyst of the scalp, by P. G. Smoot.

Dr. Houghton's Clinic.

THE following cases were seen in Dr. Houghton's Clinic by sections of four students from the Senior Class :

November 23. Four cases of chronic catarrhal otitis media.

November 30. Two cases chronic suppurative otitis media and a case of diffuse otitis externa.

December 2. Three cases chronic catarrhal otitis media. Acute catarrhal otitis media. Chronic suppurative otitis media. Neuralgia otalgia.

December 4. Chronic suppurative otitis media. Three cases of chronic catarrhal otitis media. Circumscribed otitis externa. Auricular eczema. Intertrigo.

December 7. Four cases chronic suppurative otitis media. Five cases chronic catarrhal otitis media.

December 9. Four cases chronic catarrhal otitis media. Two cases impacted cerumen. Otitis externa, with swollen auricle and face.

December 11. Case of neuralgic otalgia, due to decayed teeth.

Militant Homœopathy.

[From "Homœopathic World."]

DR. QUAIN having alluded to homœopathy in his Harveian Oration, and having misrepresented our doctrines and practice in the usual manner, Dr. Dudgeon addressed a letter to the editor of the *Medical Press and Circular*, in which the oration was published, to set its readers right. The editor had the courage to insert Dr. Dudgeon's letter, which we will now quote without further comment :

"THE HARVEIAN ORATION.

"To the Editor of the Medical Press and Circular :

"SIR—I read with great pleasure Dr. Quain's eloquent address at the Royal College of Physicians in your last issue. Dr. Quain is a learned and experienced physician, and is acquainted with all the medical doctrines and methods of past times which he tersely, and more or less correctly, describes in his oration. But if what he says respecting homœopathy conveys accurately his knowledge of that system, I must say that he is not so well acquainted

with the medical doctrines, or at least with a medical doctrine, of the present time. He says: 'Homœopathy, which teaches that symptoms constitute the disease, and are to be treated by remedial agents which produce like symptoms, but the potency of which is increased in proportion to their dilution. In attempting to be epigrammatic Dr. Quain has missed being accurate. Homœopathy does not teach that symptoms constitute the disease. It teaches that diseases reveal themselves by symptoms, that all the symptoms, objective and subjective, which we can observe in the patient, make up together the picture of the disease, and are the features, as it were, whereby we recognize the disease. It would be nearer the truth to say that allopathy, or orthodox medicine, teaches that the symptoms constitute the disease, or even that one symptom constitutes the disease, as the high temperature in fever; for does not Dr. Quain's boasted treatment by antipyretics imply that the single symptom of heightened temperature constitutes the disease, and is alone to be regarded in treatment ?

"Dr. Quain is right in saying that homœopathy teaches that diseases 'are to be treated by remedial agents which produce like symptoms;' he should have added 'in the healthy. The medicine to be homœopathic to the disease should be capable of producing in the healthy an ensemble of symptoms corresponding to the morbid picture offered by the symptoms of the disease to be treated. This is very different from the treatment of one symptom, such as increased temperature, sleeplessness, or pain, so much in vogue in the orthodox school, with its antipyretics, hypnotics, anæsthetics and analgesics, to which, along with antiseptics, Dr. Quain triumphantly points in proof of the progress of therapeutics. He seems to claim for scientific medicine the credit of staying the rinderpest, but as that was only effected by the slaughter of every animal that was infected or had been exposed to infection, at a cost to the country of upwards of £3,000,000, it can hardly be regarded as a triumph of therapeutics, and is a mode of treatment hardly applicable to human beings.

"Homœopathy does not teach 'that the potency of remedies is increased in proportion to their dilution.' Homœopathy gives its remedies in small doses, because experience teaches that, when the remedy is homœopathic to the disease, its curative action is best developed when the dose is not large enough to cause collateral pathogenetic effects. The partisans of the orthodox school, when they prescribe medicines homœopathically, have found by experience that they must give them in much smaller doses than the ordinary officinal ones. Thus Ringer recommends minute doses of ipecacuanha in vomiting, of cantharides in Bright's disease, of corrosive sublimate in dysentery, and so on.

"That the health of the population has increased and the mortality has diminished during the last forty years, is an undoubted and satisfactory fact, but this improvement cannot be attributed to any appreciable progress of ortho-

dox therapeutics; it is chiefly due to improved sanitation, and partly also to the abandonment by the profession generally of faulty and pernicious methods, such as bleeding, mercurial salivation, drastic purgatives, and other 'heroic' methods, which were in full swing when Hahnemann wrote, and for denouncing which he was prosecuted and abused by the dominant school, which has since, by its cessation from these practices, tacitly admitted that Hahnemann was right in inveighing against them.

"Dr. Quain concludes with a prophecy of the great future that awaits the medical art. Similar prophecies have been frequently made in almost all ages, but more frequently during the last score or so of years, but hitherto they have never been accomplished. Medicine, like man, 'never *is*, but always *to be* blest.' It is about time that medicine should cease to pose as the Johanna Southcote of the sciences, boasting that it is pregnant with some saviour of sick humanity, which somehow never gets born.

"I am, etc.,

"R. E. DUDGEON, M.D."

"53 Montagu Square, W.,
October 23d."

[For THE CHIRONIAN.]

*The Modern "A. B. A."**

GOOD Doctor Progress, when napping at ease,
Awakened one day from a dream of fees,
To behold in his chair a figure who wrote
On a leaden scroll, as if taking note
Of men or of thought. His wondrous success,
Had given him courage as well as address.
"What writest thou?" To the specter he said.
It raised its face; a skeleton dread;
The rusty scalpel it used for a pen,
E'en shook in its grip as it answered then.

"The names of those doctors whose deeds confess,
They know not the meaning of truest success."

"My name can't be there," quoth our learned friend,
"The autopsies ever in my work lend
Their aid to discover the cause of death,
This fact each certificate duly saith."

The visitor turned in the pivot chair,
And suddenly vanished into thin air.
But the doctor saw, one night in a dream,
That same lead scroll in a blood-red gleam;
And picture the rage that swelled in his breast!
As he saw his name leading all the rest.

—A. "67."

* See THE CHIRONIAN for Oct. 28, '85, Page 15.

An Oxygen Exposé.

TO THE MEDICAL PROFESSION:

I AM much interested in the subject, Oxygen, as a remedial agent, and to it am devoting study, theoretical and practical, as, I have reason to believe, are many medical men. Many of our cities have oxygen specialists, who are doing good in the world. It is but natural that impostors or ignorant pretenders should invade this important branch of medical work, just as they do all other branches. This letter is for the purpose of exposing one such swindle on the profession and the public—whether perpetrated through ignorance, or viciousness, or neither, or both, I am not prepared to say, as, indeed, it is not necessary to specify; your medico-legal minds may adjudicate the matter to your individual satisfaction.

Early last summer Dr. Amos L. Lennard came to this city, rented an office, and began business as an oxygen specialist, advertising his treatment in the daily papers. About the same time other parties established a so-called "oxygen parlor," and in a few months Dr. Lennard evidently found that the field was not large enough for two. As he knew of my interest in the subject, he offered to sell me his whole outfit, especially as he had "just received an appointment as Medical Examiner in the Pension Bureau at Washington," and was about to leave this city to accept the position, and, consequently, had no use for the oxygen apparatus. The price asked was \$200, and finally came down to \$100. I have long been anxious to know how I can furnish patients with oxygen in a bottle for home use in an inhaler, and to know what combination of chemicals will do the work. I know of but one such solution (*vide* my article in *Chicago Medical Era*, July, 1885, p. 10), but it is rather too expensive for free use. Dr. Lennard was positive that he had the Starkey & Palen formulas (obtained from their discharged drunken chemist, Scott, by name), for "office treatment" and "home treatment," and had tested them for several years with satisfaction to all concerned. So, feeling that I could not lose much on the plant, anyway, I bought the formulas, and the

whole apparatus for manufacturing, storing and administering the oxygen treatment on quite a large scale, and the doctor assisted at its installment in one of my office rooms. When I had seen the formulas, I said, "In what is this office treatment different from laughing gas?" and he said, "Why, they are not at all alike." I then took down a work on chemistry and showed the doctor his mistake, and he had nothing to say, and left the city the next day. It is needless, perhaps, to say that I have repudiated the "treatments," and fallen back upon my own resources—our standard chemistry and medical authors—for information.

The following are the formulas as given by Lennard :

"COMP. OXYGEN TREATMENT.

R

Nitrate Ammonia . . . 25 parts.

Carbonte Ferri . . . 1 part.

Mix. Put in Retort, apply gentle heat, till whole Compound becomes to a boiling heat, then add heat gradually, and conduct Oxygen to the Tank.

HOME TREATMENT OF OXYGEN.

R

Nitrate Ammonia . . . 1 ounce.

Chlorate Potassa . . . 1 dram.

Alcohol 2 ounces.

Aqua Distilled . . . 14 ounces.

Mix. one teaspoonful to Inhaler full of hot water. Inhale two or three times day."

As to the above "office treatment," a glance at the formula shows it to be nothing but "laughing gas." The carbonate of iron is simply a blind, skilful or bungling, as the case may seem; in other words, to give color to the chemicals and to the boiling liquid, and thus render them less easy of recognition. It does not modify the ultimate product. (Not entirely satisfied with my own conviction on this point of modification, I have consulted two chemists, both professors of chemistry in medical colleges, one here and one in Chicago, and each say that I am right.) Dr. Lennard's office oxygen treat-

ment is nothing but laughing gas, and an impure article of that, as his gas passed through three wash-bottles, containing nothing but water. As nitrate of ammonia sometimes has muriate of ammonia in it, the very injurious and highly dangerous chlorine may be evolved, so one wash-bottle should contain caustic potassa or soda to corral the chlorine. Too great heat may drive over nitric oxide, or even nitric acid, even more dangerous than chlorine, so one wash-bottle should have ferrous sulphate to stop them.

Another little fact in relation to the doctor's formula, evidently far beyond his kemikal ken, but of little importance in this connection, is that, practically there is no such thing as "Carbonte Ferri," for carbonate of iron almost at once changes to oxide of iron.

Pure nitrogen protoxide, nitrous oxide, dephlogistigated nitrous gas, paradise, or laughing gas, is $36\frac{1}{3}$ per cent. oxygen, has a *sweetish taste*, and three or four very deep inhalations will sometimes be enough to produce anæsthesia. In Woodman and Tidy, 1877, p. 489, we read: "It is to be remembered that nitrous oxide can not act as a substitute for oxygen, and that undiluted it acts speedily as a poison."

Oxygen is *tasteless*, and may be respired a little while without causing uneasiness. I mention this partial comparison for the benefit of the Champaign Suckers, in case they wish to more critically investigate their local gasometer.

As to the "home treatment," it seems almost needless to say that oxygen can be evolved that way. About all the evolving that is done is to evolve \$10 a treatment from the pockets of deluded victims.

According to Dr. Lennard's statement, he has sold out once in Iowa, once in Michigan, once in Illinois, and now I report once in Indiana. If I have been "nipped," I am not ashamed to own it. I should like to buy up every "Oxygen Treatment" in the land, and, if it was not meritorious, to expose it, but I fear the labor would be herculean. Will not those physicians who have had experience along this line come out from the shadow of personal discomfiture and contribute their mite, and thus make "snide" oxygen-treatment formulas so common

that there will be no sale for them, in the profession or out of it, and thus raise a perfect wall of protection. About the only protection now is to have nothing to do with any of them, but this plan has its objections, in that we would lose the grain of good wheat in the bushel of chaff. Oxygen has its uses and a future, and it has been truly said by Dr. Wallian, "A cheap supply of oxygen would be more valuable to the world than the discovery of a score of silver mines."

WM. B. CLARKE, M.D.

Indianapolis, Ind., Oct. 15, 1885.

The Cork Leg.

I 'LL tell you a tale without any sham ;
It is about Mynheer Von Clam,
Who every morning said I am
The richest merchant in Rotterdam.

One day he had stuffed as full as an egg,
When a poor relation came to beg ;
But he kicked him out without broaching a keg,
And in kicking him out he broke his leg.

A surgeon, the first in his vocation,
Came and made a long oration,
He wanted a limb for anatomization,
So he finished the job by amputation.

Said Mynheer, when he had done his work,
"By your knife I loose one fork,
But on two crutches I never will stalk,
For I'll have a beautiful leg of cork."

An artist in Rotterdam 'twould seem,
Had made cork legs his study and theme ;
Each joint was as strong as an iron beam,
And the strings were a compound of clock-work and steam.

The leg was made and fitted right,
Inspection the artist did invite.
Its fine shape and beauty gave Mynheer delight,
As he fitted it on and screwed it tight.

He walked through squares and past each shop,
Of speed he went at the utmost top,
He went with a bound, a skip and a hop,
Till he found that his leg he couldn't stop.

Horror and fright were in his face,
The neighbors thought he was running a race,
He clung to a post to stay his pace,
But the leg, with the post, kept on in the chase.

He called to some men with all his might,
"Oh ! stop this leg or I'm murdered quite !"
But though they heard him aid invite,
He, in less than a minute, was out of sight.

He walked through valley, o'er hill and plain,
To ease his weary bones he'd fain.
He threw himself down, but all in vain ;
The leg got up and walked off again.

Of days and nights he'd walk'd a score,
Of Europe he had made the tour,
He died ; but though he was no more,
The leg walked on the same as before.

In Holland there sometimes comes in sight,
A skeleton on a cork leg tight.
No cash did the artist's skill requite,
He never was paid—and it served him right.

My tale I've told both fair and free,
Of the richest merchant that could be,
Who never was buried—though dead, ye see,
I've just been telling his L. E. G., (elegy.)

Book Notices.

Epithelioma of the Mouth. By H. I. OSTROM, M.D.
New York : A. L. Chatterton Company. pp. 120.

THIS monograph does credit both to author and publisher. In small compass Dr. Ostrom has arranged a large amount of valuable information, and arranged it in such a way that it may be utilized. He occupies the first twenty-seven pages with a discussion on the epithelium of the mouth. The remainder of the book treats of epithelioma. While a firm believer in the knife, yet the value of other methods of treatment is admitted. The volume is very excellently bound, and is a pleasure to read.

A Treatise on the Breast and its Surgical Disorders. By H. I. OSTROM, M.D. Second Edition. New York : A. L. Chatterton Company. \$3. pp. 377.

IN preparing the second edition for the press, some important changes have been made in the text. The principal changes, however, relate to the ætiology of neoplasms, and the theory advanced has led to changes in their classification, and in some instances in their nomenclature. Dr. Ostrom treats of his subject exhaustively,

and his work takes high rank among general medical literature. He discusses the anatomy and histology of glands in general, the evolution and development of the human mammary gland, abnormalities of development, then diseases which affect the heart, and finally therapeutics and a repertory. Like all the books published by A. L. Chatterton Company, the work is well bound.

Transactions of the Thirty-eighth Session of the American Institute of Homœopathy. Forty-second anniversary, held at St. Louis, Mo., June 2-5, 1885.

TO most of the members of the American Institute this should prove a welcome volume. Handsomely bound in cloth and containing much interesting matter between its covers, it is a credit to the Institute and a benefit to the profession. Not only from the interest inherent in the subject, but from the scientific acquirements and fair-mindedness of the author, the President's address is beyond all doubt the most important contribution to the volume. "With malice toward none and charity for all," he discussed burning questions with judicial impartiality and calmness. Some notable statements are made by Dr. Allen in this address, but we will not quote, for it must be read as a whole. It should be in the hands of every homœopathic physician. Other matters of interest are the Report on Materia Medica and the Report of Committee on Drug Proving. The Bureau of Surgery presented a single paper as its report. Subject: Diseases of Testicle. The report was of special value, as might have been expected, when Prof. Helmuth was Chairman of the Committee. Many other interesting articles are contained in the volume, and its perusal will prove profitable.

Exchanges.

WE acknowledge the receipt of the following exchanges:

The Cornell Review, The American Homœopathist, The Regular Physician, The Rutgers Targum, The Medical Visitor, The Homœopathic Journal of Obstetrics, The Columbia Spectator.

Pamphlets Received.

HOUSEHOLD RECEIPT BOOK, Baby's Primer, Household Primer, Household Game Book. (D. Lothrop & Co., Boston, Mass.)

OBSERVATIONS Upon the Mutual Relation of the Medical Profession and the State. Address by Donald Maclean, M.D., President Michigan State Medical Society. Delivered June 10, 1885.

ABNORMAL Positions of the Head. By Edward Borck, A.M., M.D.

College Notes.

MERRY CHRISTMAS!

THE Holidays are none too long for the majority of our men.

"No, the hen is not a mammal although she has a tender breast."

THE skating rink still has its attractions for the frisky Freshmen. What a change from the dissecting room. Of course Seniors never go.

D. R. ATWELL, M.D., Poet of the class of '85, made us a pleasant call December 15th. He looks as though he was prospering in the far away city of Hoboken!

PROFESSOR: "Now, sir! can you tell me what is Synostosis?"

STUDENT: "Synostosis is—well—I think it is a kind of tumor under the toe-nail."

DR. J. B. GARRISON, '82, of 313 E. Seventy-second street, brought an interesting case of Hypospadias with two external opening of the urethra to the Surgical Clinic a short time since.

WE learn from the *Regular Physician* that Dr. J. T. O'Connor, formerly professor of chemistry and toxicology in our college, has consented to take the editorial chair of a new homœopathic journal, the *Homœopathic Record*.

THERE is a vast majority of mankind who show in their lives that they believe in the statement made by our professor of Pædology regarding the feeding of infants when he said that "a good bottle was better than a poor nurse."

DR. F. W. BEST, '85, now House Physician to the Five Points House of Industry, is pursuing a course of special study in the New York Ophthalmic Hospital. During his summer vacation his office was ably filled by J. H. Hallock, '86.

THE department of mental and nervous diseases in the dispensary, which has received such careful and faithful attention from Dr. Charles H. Dunning, will be henceforth in charge of Dr. M. M. Adams, on account of Dr. Dunning's resignation.

DR. C. N. PAYNE, '85, made his first call at college this year a short time since. The doctor is very much pleased with his situation in the Cumberland Street Hospital, of Brooklyn, and advises as many as possible to obtain a similar experience.

DR. A. J. BOND, '83, who has occupied the position of resident physician of the Brooklyn Homœopathic Hospital for the past sixteen months, has severed his connection with said institution, having purchased the practice of Dr. C. C. Ellis, of Nashua, N. H.

THE student who tried to convince a visiting M.D., who chanced to drop into the dissecting room, that the Sciatic nerve was really the Great Sciatic Ligament, has now got his part nearly cleaned, with the exception of the *os tinca*, which is the only bone he cannot find.

DR. C. H. HELFRICH, '84, has dropped in several times lately for a few moments. He tells us that, with D. A. H. Hart, '84, he has located at 42 Grove street. Both have recently ended their appointment at the Ward's Island Hospital, where they have served for nearly two years.

PROF. DOWLING gave a most interesting lecture, December 8th, upon a case of fatty degeneration of the heart, seen very recently by the class at a general clinic at Ward's Island, the patient having since died, and a thorough post-mortem examination been made by Prof. Storm White.

WE hope that the very interesting and wholly practical clinics, to which our students have been invited by Prof. Houghton, will not close with his course on diseases of the ear. Few clinics

have the vast amount of material from which to select cases as is presented in the Ear Department of the New York Ophthalmic Hospital, and the opportunity is one to be prized.

CLASS politics have claimed the attention of the members of the Senior class for the past few days. Arguments wise and otherwise were brought to bear upon those "almost persuaded." It was thought that the important offices of valedictorian, poet, etc., should be decided upon before the holidays so as to give the men the additional time for preparation.

ANOTHER trip to Ward's Island was enjoyed by all the students December 16th, and a subsequent clinic, held by Professors Helmuth and Dowling. Never before has there been held a more interesting and practical clinic before our own men. The day was beautiful, the "Captain" cheerful, and everything combined to make the day a memorable one, being the last clinic before our vacation.

"HONOR to whom honor is due." The Middlemen and Juniors wish it so emphatically stated that the reader, although suffering with Binocular Amaurosis, will be impressed with the fact that when it comes to turkey they always take their part. And we are happy to state that from recent documentary evidence submitted to our inspection we find that that "gobbler" of Frank's was from the students of the New York Homœopathic Medical College instead of as stated in our last issue.

THE suggestion made in the last meeting of the Hahnemannian Society by one of the Seniors that there should be in the future less cushion throwing and more singing, was most apt. More vocal culture would not only result in a calmer frame of mind in our good janitor, but would in a short time lead to an organization of the best voices of all, irrespective of class, into a College Glee Club of which we would be justly proud. Then not only might our Hahnemannian Society be pleasantly entertained with music, which it has so sadly lacked, but on other and public occasions the effort of furnishing music would be materially lessened.

THE American Obstetrical Society, whose or-

ganization was mentioned in our last issue, held its first regular meeting at the New York Ophthalmic Hospital, on Thursday evening, December 10th. A varied and interesting programme was presented, a full account of which will be found in *Homœopathic Journal of Obstetrics*. The papers presented were as follows: "Fœtal Nutrition in the Mammalia," by Phillip Porter, M.D., Detroit, Michigan; "Craniotomy," by Prof. J. Nicholas Mitchell, M.D., Philadelphia, Pa.; "A Case of Abnormal Pregnancy," by James H. Ward, M.D., Brooklyn, N. Y.; "Placenta Prævia," by L. M. Kenyon, M.D., Buffalo, N. Y.; "The Obstetric Forceps, Its History and Present Status in Operative Midwifery," by Prof. Loomis L. Danforth, M.D., New York City, and "Abnormalities of Adhesion and Detachment of Placenta," by Geo. W. Winterburn, M.D., New York City.

Among the large number present we noticed: W. M. L. Fiske, President of the Alumni Association, and F. Mandevill, M.D., Vice-President; also E. Hasbrouch, M.D., of Brooklyn; Prof. G. W. Southwick, Boston; F. L. Vincent, M.D., Troy, N. Y.; Sophia Penfield, M.D., Danbury, Conn.; Prof. J. N. Mitchell, Philadelphia; C. A. Church, M.D., Passaic, N. J.; C. E. Van Cleef, of Ithaca, N. Y.; R. C. Moffat, M.D., of Brooklyn; E. Chapin, Brooklyn; W. C. Latimer, Brooklyn, and J. H. Thompson, M.D., J. L. Lilienthal, M.D., M. A. Brinkman, M.D., Amelia Wright, M.D., E. M. Schley, M.D., and many others of this city which we are obliged to omit.

Hahnemannian Society.

DECEMBER 9TH.

MEETING was called to order at 7:35, with President Smoot in the chair.

After the roll call the minutes of the last meeting were read and approved.

Mr. S. W. Hall, '86, read a paper on Psychology. A vote of thanks was tendered Mr. Hall.

The Quiz-masters, both of Senior and of Junior branches, were re-elected as a body.

The committee appointed at the last meeting to take suitable action in regard to the death of Mr. C. C. Hammond reported resolutions, which,

together with the suggestions of the committee, were adopted.

Treasurer Helmuth made the monthly financial report, and the same was accepted.

President Smoot appointed the following committees to make the necessary arrangements for the Society commencement:

Committee on Arrangements.—D. J. Roberts, G. T. Hawley, with Valedictorian, Prophet and Poet.

Committee on Music.—E. E. Keeler, W. H. Jones, E. M. Hatch.

Committee on Printing.—W. T. Hudson, J. W. Dowling, Jr., J. MacMillan.

Committee on Diplomas.—S. A. Stacy, S. H. Knight, G. W. McDowell.

Committee on Prof. Helmuth's Sunday Lecture.—W. L. Bartholomew, J. H. Hallock, W. U. Reynolds.

After the informal reading of the minutes the meeting ajourned.

G. T. HAWLEY, Secretary.

Marriages.

'EIGHTY-FOUR is still bound to be ahead.

Its numbers still increase. This is the latest. In Brooklyn, November 10, 1885, occurred the marriage of Lizzie S., youngest daughter of Thomas Disbrow, Esq., to Dr. Geo. W. Bulmer, '84. On account of the very recent death of the doctor's mother, the wedding was a private one. The happy couple took the evening train for Philadelphia and made an extended tour through the south before their return. The doctor is now located at 145 North Oxford street, Brooklyn.

Deaths.

WE would chronicle the death of George A., Terhune, M.D., a graduate of the New York Homœopathic Medical College in 1875, who died June 14, 1885, at his father's residence No. 331 West Twenty-fourth street, in the thirty-second year of his age.

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The editors are not responsible for opinions of contributors. Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

THE new year has dawned upon us. 1886!

A year which we hope has in store an abundance of good things for all. One which shall in its course make each of us wiser, happier and better men. The student who shall give to his books and notes their due proportion of time, thought and study, cannot fail to learn much that is worth knowing before this New Year shall have become old in turn. The doctor who shall make it the first aim of his year's work to care for and cure, if possible, the suffering specimens of humanity who trust themselves to his knowledge and skill, setting aside his own personal convenience and comfort to give comfort and relief to those who need it more, and in all and through all keeping in view the cause of science and doing what is possible for its advancement, shall find his reward in the thanks of his patients and professional brethren. The professor who to the task of instruction bends the best powers of his mind, setting each fact before his class in proper place and order, condensing, elucidating or controverting as the case may demand, will

teach not only others, but himself. And so to each man who does his simple duty the reward will come.

The New Year is generally considered a most suitable time to make good resolutions. It is an even better time to act. The way in which such resolutions are followed out is proverbial.

With the joy, progress and success will come also sorrow, perplexity and failure to most. May the proportion of the former much exceed the latter. To each of its subscribers THE CHIRONIAN wishes a happy and prosperous New Year.

THE past year has been one of considerable success and progress with our beloved college. There has been a constant effort on the part of the Faculty to raise the standard and improve the whole tone of the institution. In this purpose the students have fully sympathized and rendered what assistance they could. Their united endeavors have borne much fruit in many ways.

The gaps in the ranks of the Faculty made by resignations, although depriving us of one or two favorite lecturers, have been universally well filled, and some of them by men who had before served in other capacities and done good work.

The entrance examinations—not a new institution the past year—have been made more stringent and serve a good purpose, not only by weeding out those applicants who are not able to cope with the questions successfully, but by scaring off to other less particular colleges those so conscious of their ignorance that they do not care to apply for admission when this safeguard exists. Such persons will scarcely prove an honor to any college or become useful and ornamental members of the profession. They have no business to study medicine anywhere, but if they insist on doing so, it must be in some institution other than the New York Homœopathic

Medical College. Doubtless it is owing in some measure to these examinations that we have the most gentlemanly set of students of any medical college in this city.

During the past year an organized effort has been made to establish a College Library. Though the number of volumes is still small, a start has been made in the right direction and the success of the project is only a question of a little time. In many other directions needed improvements in the advantages offered have been made. It has been a year of progress.

THE Newark children sent to Paris to be inoculated for hydrophobia have returned. The result of the treatment to which they were subjected remains to be determined. But in any event it will contribute nothing as to the truth or falsity of M. Pasteur's method. His method as yet has not been scientifically proven. Sufficient evidence has not been furnished to enable a satisfactory decision to be reached. All that can be said is that it is reasonably probable that M. Pasteur's plan of inoculation may be efficacious. The cases of the Newark children prove absolutely nothing. It is not in evidence that they were bitten by a mad dog, and it cannot therefore be demonstrated that they were ever in danger of hydrophobia. They were simply bitten by dogs. To arrive at the truth a long period of time is required for experimentation. If it shall be shown that a certain number of people bitten by dogs undoubtedly rabid, after inoculation by M. Pasteur escape hydrophobia, and on the other hand an equally large number, also bitten, left without treatment are affected with it, it will then be demonstrated that inoculation does furnish protection against hydrophobia, and not till then.

LETTERS approving the course of THE CHIRONIAN and commending its general policy are pleasant reading; but when these friendly epistles contain besides expressions of interest more substantial indications of good will in the form of checks or drafts in payment of subscriptions, nothing is lacking to complete the satisfaction of the perusal. Very many of our

Alumni have recently written, renewing subscriptions and wishing THE CHIRONIAN all possible success. We desire to thank our friends not only for promptness in sending checks, but also for the kindly interest manifested in the journal. Founded for the purpose of aiding the college, of giving force and unity to Alumni enterprises, and of keeping all informed concerning progress in college work and methods, THE CHIRONIAN has endeavored to fulfill its mission. It does not attempt, in any way to compete with regular medical papers. It is not a money making concern. All connected with the journal give their services and time without pay. Nevertheless there are many expenses to be met, and we hope to hear from more of our Alumni in the near future.

WHO shall say that example is not a potent force! The latest exemplification of the opposite comes to us from staid Philadelphia, and shows that THE CHIRONIAN is not entirely without influence. The students of the Hahnemann College there, through the action of their Institute, have showed that they are a very enterprising body in organizing a series of lectures by prominent men of our school. This is an original idea and a good one. But that is not all. Their enterprise does not stop there. They have elected editors and arranged details with the intention of issuing a College journal. In this, we think, we see the hand of THE CHIRONIAN as the mysterious primary force. We are glad to see that there is another medical college besides our own whose sons are willing to undertake the management of such a journal. It is a good thing for the college especially; next for the editors, and lastly for all graduates and undergraduates, to whom the honor of an institution always redounds. We wish the new board of editors success in their labors and eagerly await the appearance of the first number.

ALL preaching is not done in pulpits, and some famous sermons have been delivered away from church or tabernacle. In this age there is a demand for the highest order of pulpit work, and this demand corresponds to widespread

intellectual and social conditions involving problems of vital interest to men. In complying with these conditions the preacher sees his work widen rapidly and assume gigantic dimensions. But with his best efforts he cannot grapple with every evil, confute every fallacious theory, consider every social question. And so his work is supplemented by the lay preacher, who handles burning questions, discusses living issues at times and places foreign to the divine. Many are called to preach where few seem moved to practice. Prominent among his brethren stand the medical lay preacher. Generally engaged in editorial work, his sanctum is his pulpit and his readers his congregation. And he preaches—aye, without ceasing—line upon line and precept upon precept. As the pulpit speaker becomes individualized by certain peculiarities of tone or expression, so the medical inculcator of high moral truths becomes known because of pet phrases, which are to him as sweet morsels for his readers.

LET us speak frankly about this matter, and dispassionately consider our medical brother who wears the sacerdotal robes, somewhat abbreviated to meet the requirements of daily life, and who claims that his secular platform is as elevated as the pulpit of divinity. Let us examine the weekly or monthly moralistic or philosophic essays of these excellent gentlemen—these lay sermons as they are sometimes designated. And they are numerous—thick as “leaves in Vallambrosa.” Surely the physician who reads attentively medical journals must be made the better for the reading of these articles. It were well could it be so stated, but careful reading reveals the hollowness of this pretended morality. Nay, it is as “sounding brass or a tinkling cymbal.” Frankness, sincerity, a desire for truth, fairness and charity, all are at times wanting—issues are deftly evaded, omission is craftily practiced—and still the “lay preacher” preaches. He explains that he is “called.” He should remember the ass who was moved to preach, but when in the pulpit could but bray. There is too much of this so-called preaching. It is offensive and repulsive.

It is too often a mockery, a pretense and a snare. There are in medical journalism some genuine preachers who speak with power, but of them we do not speak, save to praise. The others are mere charlatans. If readers of medical journals have been at one period of this generation captivated by journalistic moralizing which lowered its tone and thought to catch men by oddities and tricks of sensationalism, that day has gone by. Morality mixed with bigotry and spiced with bitter partisanship has not proved to be a satisfying combination. It will not do for every man to assume that he can play the part of a popular pastor. To don the gown is not all. It is not all to preach with what in many quarters passes for unction. What often goes current under the name is nothing more than an acquired mannerism and style available in any department. The man who boldly, frankly and intelligently preaches to the medical profession may be sure of a respectful hearing, but the charlatan, with his self-assumed title of “true healer” and his counterfeit morality, will be driven from the rostrum. The last forty years have witnessed rapid advancement in all departments of science on the basis of wide and profound researches culminating in generalizations which are mightily influencing all processes of thought. These advances have covered a period of activity on which is following a period of relative rest from scientific speculation, but not from investigation. It was to be expected that along with the movements of science would come the revival of those philosophical questions which the human race is ever discussing. This discussion never ends. The view is ever widening, and he who is truly inspired may fill the lay pulpit with acceptance. But let him be sure that he is duly and truly authorized and not rashly assume the sacred office of moralist, for “fools rush in where angels fear to tread.”

A HYDROPATHIC doctor, when on a voyage, fell overboard. A sailor reported the fact to the captain as follows: “The surgeon has dropped into his own medicine-chest!”—*Lexikon des Witzes*.

Materia Medica.

(Medical Advance.)

Dr. Allen's Letter.

MY DEAR MR. PECK :

AS for your criticism of my course, I see that neither you nor many others clearly understand my position. Let me define it :

It seems to me that Homœopathy has been steadily losing its hold upon the scientists of to-day as an accurate, scientific method, largely from the fact that Hahnemann's theories of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature. Their demonstration is an absolute necessity, not primarily to clinical medicine but to the purity and reliability of our *Materia Medica*. The statement of some that the success of the homœopathic school has demonstrated the truth of these propositions, seems to me utterly puerile. My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed, and the time to announce such a failure seemed to be the time when such an announcement could not be misconstrued, when I have no favors to ask or expect. Under these circumstances, to appeal to the profession generally to assist in this work seemed to me the proper thing to do, and, indeed, I am myself still working earnestly in this field. The foregoing is the purely experimental, and as one may say, the scientific side of the question.

Now, *first*, Homœopathy has, clinically speaking, shown itself immensely superior to the old system of medicine.

Second, Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of the so-called Homœopaths.

The small margin of difference of results between the purely expectant treatment with absolutely no medicine whatever, and the result obtained by the administration of occasional small doses is to be the battle-ground of the

future, and in order to sweep that field I propose to help clear away some rubbish, and to prepare for the battle.

If the efficacy of infinitesimals can be demonstrated on the healthy and the provings therefrom utilized, then they will be, I believe, the best implements to use, for the less medicine prescribed to patients the better the results. For nearly twenty years I prescribed almost exclusively the two hundredth potencies, but for the last few years I have been prescribing mainly the third and sixth attenuation, and have about come to the conclusion that my results in most cases are more prompt and far-reaching than formerly with the two hundredth's. I have always found that fewer cases of these lower attenuations can be prescribed, that, whereas formerly I could repeat the two-hundredth in water with impunity every hour or two, now I get my best results from single doses much better indeed than formerly from single doses of the high potency.

My present status is that of a pure Hahnemannian, giving, as a rule, infrequent doses of the moderate attenuation, waging an unsparing warfare upon allopathic expedients of all sorts. Those who know me well will bear me out in saying that no one more faithfully studies the *Materia Medica*, more carefully prescribes the indicated remedy, and in every respect is a more consistent Homœopathist than I am to-day. I have no tolerance for those who alternate their medicines and overdose their patients. I cannot tolerate those who have departed from the master's rules and use mainly fluxion potencies, very frequently on empirical indications. My motto is, "Prove all things and hold fast that which is good."

I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths. I have worked and fought for them and for the right of free speech in their favor, and will still fight for it; but since, after years of honest work to prove their truth, I have failed, I can do no less than boldly announce the fact and solicit the help of all who have the

future of Homœopathy and of active therapeutics at heart.

Yours very truly,
T. F. ALLEN.

A Proving of Silicea.

A YOUNG lady troubled with sore feet, accompanied by offensive perspiration of the same, consulted a physician, who prescribed Silicea the sixth, of which she bought an ounce. In about two weeks she presented symptoms similar to a Silicea proving, including considerable aggravation of the feet trouble. Another physician, in whom she had less confidence, noticing the condition, bade her discontinue the use of the drug, telling her she was becoming poisoned by it. To this she gave no heed, but faithfully took the medicine as prescribed. Before the ounce was gone she was troubled at times with an occipital headache, which extended to the forehead, and a felon appeared on her thumb. This she poulticed, and before it fully developed a second felon rapidly showed itself on the index finger of the same hand. Physician No. 2 told her she would have a felon on each finger unless she ceased using that drug, which she was now willing to do. A few doses of Hepar, the third, were given with a result hardly credible. The felons disappeared like magic, and Silicea, the two hundredth, caused the aggravation of the feet symptoms to rapidly subside, and there was a marked improvement in her condition generally. This case is of interest, showing as it does that the first prescriber was, of course, unable to realize the extreme susceptibility of the patient to drugs.

Theory and Practice.

Scrofulous Synovitis of Knee-joint.

THE following, told by Professor St. Clair Smith, at his recent lecture on "Amyloid Degeneration of the Liver," we deem of sufficient interest to give to the readers of THE CHIRONIAN. The case is that of a young lady twenty-one

years of age—bad family history—her mother having been an invalid for years, and finally dying of cancer. The daughter inherited a strumous diathesis, and all through her childhood was extremely delicate. When about eighteen years of age she had periostitis of the sternum, which, under treatment, was prevented from ending in necrosis. Later she went abroad, and while walking in the streets of Paris, slipped and fell, injuring her knee-joint. In her company was a lady physician, a personal friend, who at once assumed it to be a dislocation, but instead of obtaining surgical advice, she sent for a Swedish movement cure friend, who came daily and manipulated the joint, counseling also constant walking for exercise. The advice was faithfully followed for several months, till her return to America.

She then consulted a surgeon, who immediately sent her to bed and applied extension with ice bags. After considerable time improvement slowly took place, and in the course of six or eight months, when her general health was becoming impaired from long confinement in bed, she was allowed to go about with the use of crutches, having Sayer's extension apparatus applied and sponge compresses kept constantly wet about the joint.

This was in the latter part of May, 1883. She seemed to be doing pretty well, when, on going to Chicago to visit her brother, he was alarmed at her condition, and at once consulted an eminent surgeon there, who advised immediate amputation as the only means of saving her life. Her friends, shocked at this announcement, brought her quickly back to New York, and called a consultation of physicians. She was placed under chloroform, and every preparation made to amputate at once should it be thought advisable. But after a searching examination it was decided that it would not be safe to amputate, owing to the probable extension of the disease into the femur, together with her feeble physical condition, and the unfavorable heated season of mid-summer. She was accordingly put to bed again, with extension (Buck's apparatus), and during the following months her knee was tortured with blisters, issues, embrocations of

various kinds and ice bags. Iodide of Potash was given internally, in sufficient quantity to produce its peculiar coryza and eruption of the skin. What other medication she received I do not know. Early in the following year, 1884, there was some local improvement, when the surgeon attempted passive motion of the joint. This brought back the trouble in all its fury, and it progressed from bad to worse, till he informed the family that he had done everything surgery could offer for the sufferer, and if they knew of any other physician, or any different treatment they would like to try, he was willing to give up the case. At this time I was requested to see and take charge of the patient, which I consented to do, provided I could have associated with me a surgeon to look after the mechanical, while I assumed the responsibility of medical treatment. I found her in bed, with a twenty-pound extension on the limb; her right knee swollen to double its normal size, red and hot, and extremely sensitive around the condyles.

The heads of both bones of the joint were infiltrated and swollen. There was a great deal of effusion into the joint, which was œdematous on the outside, the œdema extending for some distance down the tibia. This was considerably enlarged at the upper extremity, the periostitis extending some distance from the joint. The patella was not fixed, but moved with a grating sound. The knee was painful, especially at night; spasms of pain coming on at intervals, of a burning, excruciating character. But the general condition of the patient was better than I should have anticipated. There was no marked emaciation of the body, and the young lady was quite cheerful and contented, due largely to a happy disposition. Her temperature ranged from one hundred to one hundred and two and a half in the evening. Her pulse was habitually above one hundred, and towards night one hundred and ten, and sometimes higher. A hectic flush then appeared upon each cheek, accompanied by sleeplessness and general discomfort. She had little or no appetite, and her bowels were obstinately constipated.

On examination, found considerable enlargement of liver and spleen, especially the former,

extending in all directions with that peculiar, firm resistance to the touch which is so characteristic of amyloid degeneration. Such condition, with history of the case, led to fear of waxy degeneration. Professor Doughty saw the patient with me, and advised no change in the surgical methods. My first prescription was Ferrum phos. sixth trituration, removal of all cold and wet applications from the joint, substituting layers of thick cotton batting, and allowing the issues to heal, only permitting an occasional application of chloroform liniment, some they had on hand, when the pain was most intense. The liniment, however, was not applied after the second day of treatment. Ferrum phos. was continued for one or two weeks, with an occasional dose of Arnica, suggested by Prof. Doughty. Results were most gratifying. Her temperature and pulse were reduced to nearly normal—all severe pain in the joint ceased—the joint itself was reduced in size—there was less effusion, and in fact a decided change for the better. She was then given Calcarea phos. sixth trituration, in small powders three times a day.

With the exception of an occasional remedy for some intercurrent troubles, she received no other medication. In less than two months from the time she began to take Ferrum phos. she had so far recovered as to go about with only a Sayer's extension apparatus and a crutch. The knee was reduced to nearly normal size, circular measurement, showing an actual difference of only half an inch.

There was apparently no effusion in the joint, and all the œdema and tenderness over the heads of the bones had disappeared. Temperature and pulse were normal, and her general health had improved. In the early part of May, when taking off the plaster bandage to reapply Sayer's extension, which service she always did for herself, she was surprised to find the joint capable of considerable motion without pain. With the general improvement the liver difficulty, which at first caused such apprehension on my part, entirely disappeared. I cannot say this was amyloid degeneration, but the history of the case seems to point to a common mischief of that character, and I give it as an example of the

relief obtained by constitutional treatment. The middle of May she went to Europe, and on her return in the fall, was able to walk without crutches and with scarcely a halt in her gait. It is now nearly two years since I first took the case, and though a year since I last saw her, am told she is perfectly well, having had no other treatment.

Chronic Eczema.

FROM CLINIC OF PROFESSOR P. E. ARCULARIUS.

THE patient before you to-day is Edward Atkins, about forty-five years of age. His general health is good, but we find an eruption upon the extensor surfaces of both wrists and hands, and nowhere else. There are, as you see, one or more patches of irregular shape upon each extremity, but, as a whole, covering quite an extent of surface. At present all are dry and coated with scales, which at times have been large. There has also been *moisture* at different stages of the trouble; besides you will notice that the skin has a *thickened, parchment-like feel*, while the patient tells us that there is *intense itching* and that the eruption has already lasted *three years*.

Thus in this case are given to us all the essential characteristic features of Chronic Eczema Squamosum, this succeeding upon Eczema Erythematosum, just as Eczema Vesiculosum in turn becomes Eczema Pustulosum, for this disease is, in very many instances, prone to change its conditions, and hence well deserves to be styled protean in its nature; but it is where the eruption, as in this case, has lasted some considerable time and assumed secondary lesions, that it is termed chronic. The patient gives us no assignable cause for his trouble, and, as before stated, he is, with this exception, in healthy condition.

Often persons with Eczema are anæmic or they suffer from nervous debility, or complain of dyspepsia, with or without constipation, which last symptom is not an uncommon factor in diseases of the skin. Occupation has often much to do with the cause and character of eruptions, as

instanced in cases of Eczema upon the hands of laundresses who use hot and cold water; in plasterers who handle lime; in those who are exposed to the action of chemicals; and even in grocers and bakers, and known as "Grocer's Itch" and "Baker's Itch." Frequently the trouble is produced or aggravated by scratching. This may be easily detected by the small, dried blood-crusts, showing the marks of the nails upon the skin; an invariable and reliable symptom of local irritation.

The treatment of the patient before us has been, internally, Graphites, with perhaps intercurrent doses of Sulphur; while locally, vaseline, mildly impregnated with a preparation of tar, has been used as a dressing to allay itching and soften and soothe the skin.

As to prognosis, this case, as it reports from week to week, is progressing favorably, and we look for satisfactory results, though time and patience may be called into requisition in order to carry us through possible relapses to final and complete recovery, which, if not assured, is strongly hoped for.

Surgery.

Extirpation of an Ovarian Cyst.

PERFORMED BY PROF. F. E. DOUGHTY.

MRS. P.—Born in England; married; aged forty-five years. Mother of nine children, the youngest nearly three years old. Some nine months ago noticed a tumor about the size of an orange in the right iliac region, unattended by pain or tenderness. This gradually increased in size; and for the past two months she has suffered a good deal from pain and some tenderness in the upper part of the abdomen. She now called upon Professor Doughty. After an examination of the case, including the withdrawal of a small amount of colloid fluid by means of the aspirator, which fluid under the glass showed Bennet and Drysdale's corpuscles and free nuclei in abundance, he diagnosed the case as Colloid Cystoma of the right ovary, and advised its removal. He also

believed the patient was pregnant, although she gave no evidences of such a condition, with the exception that she had not menstruated for the past three months. The patient did not believe she was pregnant, and desired an operation for the removal of the cyst, which was performed at the Hahnemann Hospital on December 15th, with the utmost care and skill. After the extirpation was completed it was found that the woman was about three and a half months advanced in pregnancy, and as the shock was slight from the operation, no evil results to patient or child are anticipated.

Prof. Doughty has performed several operations for ovarian cysts within a short period, and being a careful and skillful surgeon, has been eminently successful. The assistants were thoroughly disinfected previous to their entrance in the operating room, which had been thoroughly fumigated with the vapor arising from a solution of corrosive sublimate and hot water. The patient having been placed on the operating table, the anæsthetizing was intrusted to the House Surgeon, Dr. Fulton.

The assistant cleansed the abdomen with soap and water, then applied a saturated solution of ether and iodoform. All the preliminaries having been accomplished, Prof. Doughty measured the circumference of the abdomen over the tumor, which was forty-one and a half inches. He then made an incision in the median line, commencing a little below the umbilicus and extending downwards four inches towards the pubes. The underlying tissues were then divided on a director, and a few spurting arterial twigs ligated. The peritoneum was then opened carefully the whole extent of the external incision, and the sac of the tumor was then exposed. An exploration was made by means of a sound to determine the presence of adhesions, if any. A few were discovered corresponding to the upper part of the tumor, the site of pain and tenderness, which were carefully broken up. A large trocar and canula, devised by Spencer Wells, furnished with a vulsellum for holding the sac, was introduced into the most prominent part of the cyst, which gave egress to only a small quantity of fluid, as the contents of the cyst was

colloid matter and too thick to flow through the canula. Prof. Doughty then incised the sac and introduced his hand and drew out handful after handful of the jelly-like contents until the parent cyst was emptied. He found the tumor multilocular and broke down the partitions by means of his fingers, so that the various cysts were all evacuated into and through the parent one. The colloid material varied in color as different cysts were opened, some being yellowish, reddish, brownish and chocolate colored. When the sac was partly empty the assistant (Prof. Wilcox) gradually drew it forward, not allowing any fluid to escape into the abdominal cavity. As the contents of the cyst was removed, the sac was gradually drawn out until it was wholly delivered. The abdomen was then relieved of its neoplasm, and the pedicle having been tied with carbolized silk, secured by Tait's Staffordshire knot, was divided and the cut surface carefully cauterized with Pacquelin's cautery, and dropped back into the abdomen. The abdominal cavity was then thoroughly dried. During the operation the abdomen was kept warm by the use of hot flannels, and the antiseptic treatment was thoroughly carried out. The wound was brought together by eight points of interrupted silver sutures, and between them superficial sutures of catgut. A strip of adhesive plaster was placed near the edges of the wound, on which rested the turned-over ends of the silver sutures, which were covered by another piece of adhesive plaster, and so retained in position. Iodoform was dusted over the wound and surrounding parts; then a layer of "combined" cotton dressing (rendered antiseptic with Merc. Corr.), eight inches square, was placed over the wound. Next to this a piece of oiled silk of the same dimensions was placed; and again another layer of the "combined" cotton. Over all was placed a double fold of muslin large enough to cover the entire abdomen and sides, and this was held in position by broad strips of rubber plaster that encircled the body.

P. S.—The patient experienced little or no shock. On only one occasion did the temperature reach 100°, and then only for two hours. During the first few days the pulse ranged be-

tween eighty and ninety, and the temperature between ninety-nine and ninety-nine and one-half degrees. Gradually both fell until the normal was reached, where they remained without interruption.

She expressed herself as feeling absolutely well from the time of the operation, and not one of the ordinary symptoms met with even in successful ovariectomies developed.

In eight days each alternate silver suture was removed, and on the tenth day all the remainder; and the entire wound had healed by first intention. She sat up in bed on the thirteenth day, and on the fifteenth day was up in a chair.

From that time on she gradually sat up more and more and walked about, and was sent to her home in the country on the twenty-first day after the operation, perfectly well and the pregnancy uninterrupted.

Surgical Clinic at Ward's Island.

REPORTED BY DR. F. L. BARNUM.

THE regular monthly surgical clinic for the instruction of the college students was held in the Hospital Amphitheatre on Wednesday, December 16th. The operations to be performed by Prof. Wm. Tod Helmuth consisted in an amputation of the breast, a fourth operation for Extrophy of the bladder, and two operations for the radical cure of hernia. At the last moment the patients who were to undergo the first two named operations refused to submit. Prof. Helmuth then delivered an excellent clinical lecture on hernia. The first patient was a gentleman aged forty-nine years, and was admitted to the Hospital November 13, 1885, suffering with rheumatism. The next day while straining at stool, and afterwards while stooping, he felt a peculiar pain in the groin, and on palpation found a small lump on either side. Dr. Freer examined the case and rendered a diagnosis of double, direct inguinal hernia. November 18th Prof. Helmuth operated upon this patient, employing the Heatonian method as reported in a previous issue, but without success. At this

clinic the Professor, assisted by Dr. Freer and Dr. Richards, performed the second operation for the radical cure of hernia, which consisted in cutting down to the gut, reducing it, and forming a plug of the peritoneum, encircled with cat-gut ligatures, and passing three silver wire button sutures through the pillars of the ring and the prolongation of peritoneum which formed the plug. The edges of the ring being brought in apposition, the external wound was closed with continued cat-gut sutures, over which iodoform was dusted, and a dressing according to the antiseptic method was applied. The Professor thoroughly explained each step in the operations. The approaching darkness was obviated by the use of the calcium light. We would say, concerning the patient whom Prof. Helmuth operated on at the previous clinic in the same manner, that he is doing well. The wound is nearly healed, and no indications of the protrusion are presented.

Pædiology.

Heart Disease and Non-closure of the Foramen Ovale.

BY A. W. PALMER, M. D.

THE following case is reported rather on account of the rare condition found post-mortem than for therapeutical study; but sometimes we may learn from our failures as well as successes.

Notwithstanding the perforate condition of the foramen ovale, the child was not more anæmic than you would expect from her other heart troubles, and from all information which could be obtained she had never been what we designate a "blue baby."

October 13. The patient, Annie M—, æt. thirteen years, was an anæmic girl, under size and rather less developed than usual for her age.

Her grandmother said she had been ailing since her fourth year with occasional attacks of

fainting, with difficult respiration, vomiting and headaches.

The case had been previously diagnosed as a valvular trouble, and one physician, from what we could ascertain from her relatives, probably considered it an atheromatous degeneration of the aorta.

Her countenance was hypocratic—œdematous swelling of upper eyelids—both cheeks hung down like bags, and the lower limbs were swollen as far up as middle of thigh.

The chest was barrel-shaped—the respiration was thirty-seven per minute, superficial and very labored.

The anterior surface of chest was tender to touch—the impulse of the heart could be felt over almost the same extent—apex beat in the 7th intercostal space, also quite distinct pulsations in epigastric region.

Percussion revealed that the area of cardiac dullness extended upward to lower border of second rib; laterally one-half inch to the left of left nipple line, and one inch to right of median line; and inferiorly to the 7th intercostal space.

Upon auscultation the heart sounds could be heard over the entire anterior surface of chest and distinctly over the area of dullness, as above described. The muscular element of the first sound was greatly intensified; instead of the normal click of the mitral valve, was heard a loud whirring noise over the cardiac region and extending an inch and one-half to the left of the apex; also on the back to the left of the sixth vertebræ.

The sound of the pulmonary valve was markedly accentuated. The respiratory murmurs were only distinguishable on the posterior surface of the chest and axillary regions, because of the predominancy of the cardiac murmurs.

The temperature ranged between normal and 100 2-5° Fr.; and the pulse from 110 to 140; the rise in each corresponding to the aggravations in the disease.

There were frequent stitching pains in precordial region. Every few days she had aggravated attacks of the above, accompanied by violent palpitation, retching and vomiting. The carotids pulsated visibly—almost constant head-

ache—had an irritable cough for long time—urine turbid and suppressed. A diagnosis of mitral insufficiency and pericarditis with effusion was made, and Kali carb.³ prescribed.

October 26th. The œdema had been slowly diminishing and general condition improving until to-day; when we found the patient in a very nervous, excitable mood—great prostration—moaning during sleep—intense pain in the stomach, which was caused, as we subsequently ascertained, by swallowing some plaster, a habit she had had for a long time. *R. Ars.³*

November 5th. She improved again until to-day. As we now recognized she was nearing her end, we determined to ameliorate her suffering; for which, at different times, were prescribed *Ant. tart.³; Nux. vom.³ Bis. subnit.¹; Apis mel.ø; Apoc. can.ø, and Codeine¹².*

From November 13th till death the œdema extended upward until abdomen was considerably swollen.

On the 18th a rubbing, rasping sound was heard in cardiac region; at a subsequent examination the area of cardiac dullness had increased, accompanied by greater dyspnœa.

November 27th, 8 P. M., about twenty-four hours after death, made the post-mortem.

On removing the sternum and cartilages found the pericardial sac greatly distended; the upper boundary corresponding to first intercostal space; the left an inch to the left of the left nipple line, the inferior to the lower portion of 7th intercostal space, and the right two and one-half inches beyond the median line. It contained eleven and one-half ounces of pericardial fluid. Circumference of sac in vertical direction was fifteen inches; in the transverse, thirteen inches.

The lungs were considerably compressed and engorged, the anterior border of right lung being beneath the right nipple line, while that of the left was one inch to left of corresponding nipple line.

The heart was enlarged, as a whole—*i. e.*, the cavities and walls in proportion. There were a few fibrinous exudations on the pericardium covering the right ventricle and both auricles, from the size of a ten-cent piece to that of a quarter. A small ante-mortem clot was lodged

among the columnæ carneæ of right ventricle. An endocardial thickening, a half an inch by an inch, was found in the left auricle adjoining a curtain of the mitral valve. The same curtain was bound down to the contiguous lining of the ventricle to the extent of three-sixteenths of an inch, and the opposite curtain was somewhat roughened. The heart, after draining off the blood, weighed thirteen ounces.

But the most remarkable feature of all was to find the foramen ovale sufficiently open to pass your little finger through.

The abdomen contained about six or seven quarts of ascetic fluid; and in the pyramidal portion of left kidney were found two cystic cavities little larger than a pea.

In closing I wish to thank Messrs. Dodge, Hatch and Keeler ('86) for their assistance in the above case.

Οφθαλμολογία.

Glaucoma.

DIMNESS or defect of vision from opacity of the vitreous humor. The term is properly applied to all conditions produced by heightened tension or increased fluid pressure within the eye-ball.

January 6th.—Mrs. ———, age fifty, a hospital patient, was brought before the class by Prof. Leibold. Five months ago the right eye became inflamed. There was pain in the supra-orbital region (indicative of iritis or irido-choroiditis) and in the eye-ball, which was tense and hard from an extravasation of serum, which pressed upon the nerve, causing the intense pain. If the pressure is continuous it will soon cause blindness.

The dilatation of the pupil nearly obliterates the iris, a lighted candle held before the eye causing no contraction or discomfort.

In the early stages of this disorder, which may begin with or without inflammation, the patient sees rainbow colors.

It may commence with a slight attack which lasts for a few days and disappears, returning

again in a short time, frequent attacks causing blindness, although a single occurrence may cause loss of sight. The vision is never as clear as normal after an attack. Both eyes are affected successively.

Treatment: Solution of eserine in drop doses in the eye every hour contracts the pupil and relieves the tension (palliative).

Paracentesis, to draw off the serum relieves for a time, but it soon reappears.

Iridectomy, operate soon as possible.

Book Notices.

American Medicinal Plants. MILLSPAUGH. Fascicle III., Nos. 11-15. Boerckel & Tafel, New York and Philadelphia.

FASCICLE III. is even better than its predecessors. The plates are very finely executed, and the text is clear and explicit. The contents of Fascicle III. are as follows:

Aesculus Hippo., Agrostemma, Aralia Rac., Asclepias Tub., Asemina Tri., Baptisia, Benzoin, Cechorium, Cimicifuga Rac., Conium Mac., Cornus Florida, Drosera Rot., Eupatorium Purp., Eupatorium Perf., Fragaria Vesca, Kalmia Lat., Lobelia Inf., Lappa. Menolropa Un., Populus Trem., Phylolacca (double plate), Plantago Maju, Rhus Arom., Rhus Glabra, Rhus Tox., Stramonium, Sarracenia Purp., Triosteum, Verbascum, Xanthoxylum.

The plate of Rhus Aromatica was not delivered in time for this fascicle, but will be added to the next. A new plate of Apocynum And. is furnished to replace the green flowered plate of that plant in the first fascicle.

An Abbreviated Therapy. The Biochemical Treatment of Disease. By Dr. SCHÜSSLER, of Oldenburg. Twelfth edition. F. E. Boerckel Hahnemann Publishing House, Philadelphia, 1885. 94 pp. 90 cents.

THIS edition of Schüssler's Twelve Tissue Remedies has been thoroughly revised and enlarged. The translation is altogether new, and Dr. O'Connor has well rendered the original. A repertory has been added, which greatly increases the value of the work.

Post-Mortem Examinations, with especial reference to Medico-Legal Practice. By Prof. RUDOLPH VIRCHOW, of the Berlin Charité Hospital. With additional notes and new plates. Philadelphia: P. Blakiston, Son & Co. pp. 138. \$1.00.

IN this valuable little work Prof. Virchow gives some account of his early experience as Prosecutor in the dead house of the Berlin Charité Hospital and traces the subsequent development, under his auspices, of a systematic method of conducting post-mortem examinations. Besides this he devotes considerable space to the regulations which have been promulgated throughout Germany for the guidance of medical jurists in performing autopsies and drawing up reports, criticising and illustrating them. Perhaps the most interesting part of the book is the report of three autopsies performed by himself, always carefully observing the order of sequence enjoined by the regulations. Autopsies conducted for medico-legal purposes are often barren of results in this country because of lack of system in the examination. Prof. Virchow says the "experience teaches that the great majority of cases in which the courts are compelled to appeal for advice to the medical colleges, and to the committee of science for medical affairs, refer to those autopsies in which either the examination or the note taking has been so irregularly performed that the nature of the case still remains ambiguous. It would, I am sure, be a matter of no difficulty to collect a great number of examples in which the faulty performance of the autopsy has rendered obscure cases in themselves clear and simple, and has made unintelligible those which are at all ambiguous." A method of examination similar to that approved by Prof. Virchow ought to be adopted in the United States. The work is well bound, and the translator has done his part intelligently.

The Century for 1885-86.

THE remarkable interest in the War Papers and in the many other timely articles and strong serial features published recently in the *Century* has given that magazine a regular circulation of

MORE THAN 200,000 COPIES MONTHLY.

Among the features for the coming volume, which begins with the November number, are :

THE WAR PAPERS

BY GENERAL GRANT AND OTHERS.

These will be continued (most of them illustrated) until the chief events of the Civil War have been described by leading participants on both sides. General Grant's papers include descriptions of the battles of Chattanooga and the Wilderness. General McClellan will write of Antietam, General D. C. Buell of Shiloh, Generals Pope, Longstreet and others of the Second Bull Run, etc., etc. Naval combats, including the fight between the *Kearsarge* and the *Alabama*, by officers of both ships, will be described.

The "Recollections of a Private" and special war papers of an anecdotal or humorous character will be features of the year.

SERIAL STORIES BY W. D. HOWELLS, MARY HALLOCK FOOTE AND GEORGE W. CABLE.

Mr. Howells's serial will be in lighter vein than "The Rise of Silas Lapham." Mrs. Foote's is a story of mining life, and Mr. Cable's a novelette of the Acadians of Louisiana. Mr. Cable will also contribute a series of papers on Slave songs and dances, including negro serpent-worship, etc.

SPECIAL FEATURES

include "A Tricycle Pilgrimage to Rome," illustrated by Pennell; Historical Papers by Edward Eggleston, and others; Papers on Persia, by S. G. W. Benjamin, lately U. S. minister, with numerous illustrations; Astronomical Articles, practical and popular, on "Sidereal Astronomy;" Papers on Christian Unity, by representatives of various religious denominations; Papers on Manual Education, by various experts, etc., etc.

SHORT STORIES

By Frank R. Stockton, Mrs. Helen Jackson (H. H.), Mrs. Mary Hallock Foote, Joel Chandler Harris, H. H. Boyesen, T. A. Janvier, Julian Hawthorne, Richard M. Johnston and others; and poems by leading poets. The Departments—"Open Letters," "Bric-à-Brac," etc.—will be fully sustained.

THE ILLUSTRATIONS

Will be kept up to the standard which has made
THE CENTURY engravings famous the world over.

PRICES. A SPECIAL OFFER.

Regular subscription price, \$4.00 a year. To enable new readers to get all the War Papers, with contributions from Generals Grant, Beauregard, McClellan, J. E. Johnston, Lew Wallace, Admiral Porter and others, we will send the 12 back numbers, November, 1884, to October, 1885, with a year's subscription beginning with November, 1885, for \$6.00 for the whole. A subscription, with the 12 numbers bound in two handsome volumes, \$7.50 for the whole. Back numbers only supplied at these prices with subscriptions.

A free specimen copy (back number) will be sent on request. Mention this paper.

All dealers and postmasters take subscriptions and supply numbers according to our special offer, or remittance may be made directly to

THE CENTURY CO., NEW YORK.

Love that Lives.

(CENTURY for January.)

DEAR face, bright, glinting hair—
Dear life, whose heart is mine—
The thought of you is prayer,
The love of you divine.

In starlight, or in rain ;
In the sunset's shrouded glow ;
Ever, with joy or pain,
To you my quick thoughts go.

Like winds or clouds, that fleet
Across the hungry space
Between, and find you, sweet,
Where life again wins grace.

Now, as in that once young
Year that so softly drew
My heart to where it clung,
I long for, gladden in you.

And when in the silent hours
I whisper your sacred name,
Like an altar-fire it showers
My blood with fragrant flame.

Perished is all that grieves ;
And lo, our old-new joys
Are gathered as in sheaves,
Held in love's equipoise.

Ours is the love that lives ;
Its springtime blossoms blow
'Mid the fruit that autumn gives ;
And its life outlasts the snow.

GEORGE PARSONS LATHROP.

College Notes.

EIGHTY-SIX.

BACK to work.

VACATION is over.

F. A. GILE, '75, made us a pleasant call a few days ago.

DR. J. C. CLARK, '85, located in Andover, N. J., made us a friendly call recently. He votes THE CHIRONIAN a success.

L. A. OPDYKE, ex-President of the Hahnemannian Society, made one of his rare visits to the college last week.

C. B. SMALL, '83, who lately returned from Cambridge, N. Y., has located at 360 West Thirty-third street, New York City.

J. L. DANIELS, M.D., '82, who has lately returned, after an absence of nearly three years, from Vienna and Berlin, will locate shortly in this city.

ARTHUR BEACH, '75, the faculty prize man of his class, has left Ilion, N. Y., and is located at 21 West One Hundred and Twenty-ninth street, this city.

A. POTTER B. HOLLY, son of James T. Holly, D.D., LL.D., a Bishop of Hayti, West India, is representing the population of the sunny South at our college this year.

DR. CHATTAWAY, '85, called at the college a few days since. He apparently sees as much happiness in life as ever, and still spells his name with "two t's and three a's."

DURING the holidays we had the pleasure of calling on Dr. H. N. Nash, '84, who has recently located in Georgetown, Conn. THE CHIRONIAN lay uppermost on his study table.

DR. BUCK, '85, was down from "the Island" on a furlough the other day. He reported everything flourishing, and said they were getting ready to give us another clinic.

PROF. M. (turning abruptly to Mr. R.): Suppose you were called to a case of confinement, what is the first thing you would do?

MR. R. (becoming pale): Take—take a dose of digitalis, sir.

W. E. McCUNE, '85, formerly business manager of THE CHIRONIAN, occupying the position of assistant physician to the Homœopathic Hospital of Brooklyn, has been appointed house physician in that institution.

DR. H. W. ROSE, '76, and Dr. L. F. Wood, '79, have entered into partnership at Westerly, R. I. Dr. Rose was lately appointed a member of the State Board of Health, of which Dr. T. H. Shipman ('76), of Bristol, R. I., is, we learn, also a member.

DR. W. H. BEEBE, '77, of Bridgeport, Conn., has been appointed, with two physicians of the old school, on the Town Board of Health, being the first homœopathic physician who was ever appointed to a public office in that town. This speaks well for our alumni.

THE *New England Medical Monthly* thinks there is a grim suggestion of probable truth inadvertently convey by a Chicago physician who signed his name to a death certificate in the space set apart for "the cause of death." Apparently Chicago has one honest M.D.

E. EVERETT, '79, who has been located in Newark, N. J., for several years, has held the position of district physician of the Eighth District of that city for the last eighteen months. He made a call upon some of his classmates who are connected with the Ophthalmic Hospital as assistant surgeons.

DECEMBER 7th Prof. Beebe commenced his second course of lectures upon Laryngology and Rhinology. We recognize in him a practical man—one who uses no more words than necessary, who gives positive treatment for actual diseases instead of theories concerning their

possible etiology, and he receives a warm welcome from our men accordingly.

ALTHOUGH it may be irrelevant we cannot but think that these words by The Preacher would form a most suitable text for our coming Sunday lecture: "And furthermore, my son, be admonished, of making many books there is no end, and much study is a weariness of the flesh." If this subject should be chosen, there are a few of the Faculty who should receive special invitations. "We have them on our list."

DRS. M. M. ADAMS, F. R. S. White, H. S. Graves and W. H. Connelly, of the class of '85, serve on the staff of the College Dispensary in clinics for general diseases. In addition Dr. Adams has charge of the clinic of Mental and Nervous Diseases, made vacant by the resignation of Prof. Dunning, and Dr. Graves is assistant surgeon in the Surgical Clinic, while Dr. M. J. Hall is the Resident Physician.

ON the 4th of last November Dr. Babcock, '85, now of East Hampton, Ct., brought an interesting case of carcinoma before the class at the Wednesday clinic. Those who remember the case, and the ravages wrought by the disease, will not be surprised to hear that the patient has succumbed. Dr. Babcock deserves credit for the care he bestowed on the patient and thanks for enabling so many to see the case.

As soon as the question of class photographs is broached there is a noticeable change in the physiognomy of the class, probably due to the laudable desire not to appear too boyish. This, we think, explains the remarkable transformation seen in F— and M—, and as we have a most vivid imagination, we can conceive how nice they will look when they have a full beard, and we earnestly hope they will live to see it. The committee on class photographs consists of G. B. Dowling, E. E. Keeler, and L. A. Martin.

THEY WERE TWINS.

PROFESSOR (to first applicant): "Name and age, sir?"

First student; "Abner Bascom; age 17."

Professor (to second applicant): "And you, sir?"

Second student : "Phineas Bascom ; age 17."

Professor : "Brothers?"

S. S. : "Yes, sir."

Professor : "Twins?"

S. S. (doubtfully) : "Well, ye-es ; twins on our father's side. We're from Salt Lake."

Professor : "Oh, oh."—*Chicago Rambler*.

PROF. TALCOTT made an important announcement at a recent lecture. It was that at the end of the present college course a competitive examination would be held among those presenting themselves for the position of assistant physician in the Middletown Insane Asylum, of which Prof. Talcott is the Superintendent. Two of the number will be selected according to the merit of the papers, and will have the unexcelled opportunity of becoming thoroughly conversant with the management of such institutions and able to fill the position of Superintendent in asylums, in this and other States, as the opportunity presents. These positions have been secured for our men mainly through the endeavors of Prof. Talcott, and we feel that the college owes the Doctor a sincere vote of thanks for showing this additional proof of his interest in the welfare of his *Alma Mater*.

CONTRARY as it may appear to us, as students who are overpowered each day with the symptoms of two or three new drugs being presented, it is said on good authority that our *Materia Medica* need more drugs proven. Prof. Deschere has been appointed chairman of the Bureau of Drug Proving in the County Medical Society, and at a recent lecture invited volunteers to aid him in this important work. It is desirable that a very thorough proving be made of a drug that promises to prove a gem in the crown of homœopathy. We understand that the Professor especially desires the names of those of the Senior class who are ready to do their part of this undertaking at once, although, if they desire, the time of proving may be deferred until after examination. There certainly can be nothing more interesting to a medical man than observing the effect of a drug upon his own organism, and we hope a number will respond at once to this invitation.

Hahnemannian Society.

January 13, 1886.

MEETING called to order at 7.40, with President Smoot in chair.

One new member was received.

After roll-call and reading of minutes of last meeting, the Quiz-masters were reelected in a body, with the exception that H. S. Jones was chosen on Physiology and W. H. Sawyer on Medical Chemistry.

Under unfinished business the motion to change time of holding the society meetings was restored to the table indefinitely.

Committee on the Sunday Lecture reported progress. Committee on Arrangements reported that they had selected Mr. G. B. Best, '87, to deliver the Send-off to the graduating class. Further, that the University Club Theatre could be obtained for the society commencement for the sum of \$50, and recommended that it be hired for the occasion. Report accepted. Mr. Stacy moved that the committee be empowered to engage the theatre for that evening. Seconded and carried.

Moved by Mr. Roberts and seconded that the final exercises of the society, instead of being called the "Hahnemannian Society Commencement," should hereafter be known as the "Annual Exercises of the Hahnemannian Society." Carried.

By request Mr. Jenkins, '87, favored the society with a banjo solo. A vote of thanks was tendered the gentleman.

Moved and seconded that a committee be appointed to canvas the matter of forming a Society Glee Club. Mr. Keeler offered amendment to effect that committee should consist of three members, and that each class should be represented. The amendment was accepted and the motion carried. President Smoot appointed as such committee W. H. Jones, '86, Jenkins, '87, and Platt, '88.

After informal reading of minutes and roll-call, the Society adjourned.

G. T. HAWLEY,

Secretary.

Class Supper.

DECEMBER 17, 1885, was a red-letter day, or night, rather, with the Senior class. At 7:30 P. M. there might have been seen a double file of handsome men issuing from the portals of the college. After this statement it is unnecessary to add that they were all members of the Class of '86. "Bob" was at their head, and betrayed by his hopeful expression of countenance that something unusual was about to happen; in fact, they were going to the annual class supper.

But, happy as they all appeared, there was a sense of "goneness" in their epigastriums, and "tympanitic resonance" reigned supreme where two short hours after there was "absolute flatness" on percussion. And even their happiness was somewhat feigned while, after a half dozen courses had been dissected and Faust sang "Still there's more to follow," the expression of supreme bliss was something that could never have been counterfeited. Between the courses "Nicotine" *rested*, surrounded with cigarettes, while jokes were cracked whose venerable faces, familiar in our childhood days, we now found covered with hoary beard. As each course came in something original and especially appropriate was sung, as "Mary had a Little Lamb," "Says the Monkey to the Owl, Oh! What will you have to drink?" and the story was told of how "Three Black Crows Sat on a Tree." "Grandpa," "Miss Hall," and the other sober-minded married exerted themselves and succeeded in appearing as youthful as the rest of us. The only toast of the evening came in with the quail and was eloquently responded to by the class president, who said he'd take another piece and—the rest escaped us, as our short-hand reporter was not present.

But, the same as when a fellow is kissing his best girl, all good things must end; at least, that was the way with the supper.

And, as the wee small hours approached, the happy band returned to their homes and well-thumbed note-books, but bearing memories that time cannot efface of the second supper of the Class of '86.

Class Meeting.

A MEETING of the Class of '86 was called by the President immediately before the recent vacation for the purpose of choosing such men as would represent the class in different ways in the commencement exercises. The object of holding the meeting so early was to allow the men selected the extra time for preparation.

The man receiving the unanimous vote of the class for Valedictorian was G. W. McDowell, who we feel sure is the right man in the right place.

The future poet of the class, with lengthy hair and wandering eye, was decided to be S. H. Knight.

W. S. Hall was nominated as the man to respond to the toast, "The Class of '86," at the Alumni banquet. He absolutely refused to serve, but was duly elected and "forced" to accept.

The Class did well in selecting G. T. Hawley as the Class Prognostician, who will try and discover the bright future in store for each man.

Into the hands of these men the class places its good name and looks to them for a faithful performance of their duties, and we feel sure that each will do honor to himself and to the class he represents.

The "send off" from the Middle Class will be given by G. B. Best, who will please accept our sincere wishes that he may succeed in his gigantic undertaking and deposit each bashful Senior safely in the shrine of Æsculapius.

Marriages.

THE marriage of Dr. Thomas Cooke Royal, '83, occurred, we understand, January 13, 1886, at Schoharie, New York.

The bride was Miss Carrie Ellene, daughter of the Rev. and Mrs. Edwin Pedder, of that place. Many of the Doctor's former classmates were invited.

We also take pleasure in announcing the marriage of Dr. A. B. Norton, '81, of the New York Ophthalmic Hospital, which occurred Wednesday, November 26th, to Miss Leah Pixley.

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THE CHIRONIAN will be sent until ordered discontinued.

THIS week the Homœopathic Medical Society of the State will meet in Albany. The session promises to be of great interest. As will be seen in another column our college will be ably represented by professors and alumni. The papers would seem to be of an especially practical nature.

IF we were to judge of the condition of the Hahnemannian Society only by the preparations that are being made for its annual exercises, the impression would be that it is more thoroughly alive than ever. The exercises are to be held in a pleasant and easily accessible hall, and a popular and talented speaker is to give the address. In no particular are they to fall below the standard of former years. Yet if the attendance on the quizzes is any indication to go by, the interest in the society is flagging sadly. Very few of them are as fully attended as the self-interest of the men would seem to insure. The object of the Society is a good one,

and in the past it has conferred much benefit on its members, but if the present state of things be not remedied its usefulness is at an end.

AS the close of the college year draws near and the time approaches when the members of the Senior Class who are able to run successfully the gauntlet of the Faculty and censors are to be turned adrift on a cold and unsympathizing world, the query, "Where are you going to locate?" becomes a burning one. Scarcely can one listen to the conversation of a group of Seniors for five minutes without hearing the question. Perhaps it is not remarkable that it should be so prominent. There are several periods in a young man's life when important decisions must be made. An answer must be found to questions which pertain to his success and happiness in life. One of these periods arrives when he is called upon to decide what business or profession shall be his life work. To decide is sometimes easy, but more often difficult. Circumstances and inclinations have to be considered. To the man who chooses a profession another of these decisive periods comes when his professional studies are completed. Where shall he go? Circumstances often settle this, too, but not always. It often requires a cool unbiased decision. The present indications are that the class of '86 will be widely scattered, some in the hospitals, a few in New York and the greater number in the cities and towns of the East, West and South.

AT the dinner of the class of '86 just before the Christmas holidays some enthusiastic member of the class who was enjoying himself immensely proposed that the whole Hahnemannian Society should have a dinner before the end of the year. The proposition met with general approval, and many said they would support it.

That is about the last heard of it. That the idea is a good one there can be no doubt, and it is to be hoped that the matter will be proposed at a meeting of the Society. The sentiments of some members of '87, who have been spoken to, were favorable to the project. There is no doubt that such a dinner, bringing together as it would the members from all the classes, would be a source of much pleasure and profit. In the same way that class dinners are helpful this would be, and to an even greater extent. The acquaintance of each man rarely embraces many outside his own classmates. He may know the faces of some of the other classmen, but there his knowledge ends, and he soon forgets them entirely. Now, one of the pleasantest things in this wide and busy world is the meeting of friends and acquaintances under varied circumstances and often in unexpected places. It cheers a man mightily if he is anything of a man. Naturally the wider the circle of acquaintances the oftener will such meetings occur. At the proposed dinner the seeds of many new friendships would be sown. Are there any good reasons why it should not be given?

Theory and Practice.

Professor Doughty's Clinic.

GENITO-URINARY.

MR. A. SCLONTHONIN, aged sixty-eight years, presents himself before us to-day on account of his inability to empty his bladder without the employment of a catheter. Upon inquiry we learn that this state of affairs began two and a half years ago. At that time, without obvious cause, he found on rising in the morning an inability to void any urine.

This continued through the day and night, and by the following morning his distress was so extreme that he called a doctor, who passed a catheter and drew off a *large* quantity of urine. Since then instrumental aid has been required up

to the present time. He tells us that he can pass some water voluntarily, but never enough at once to empty the bladder, as he infers, because he does not experience the same sense of relief which follows the use of the catheter. Now, gentlemen, it is our business to determine why this bladder cannot empty itself, and then to see what we can do toward restoring normal micturition. His trouble is retention of urine. This may be caused by some *obstruction* to the exit of the urine, or, no obstruction being present, the fault may lie in muscular apparatus of the bladder—a paralysis of that organ.

Let us now consider the latter condition first.

Paralysis of the bladder may effect either the detrusor alone, the sphincter being normal, producing retention, or the sphincter alone, resulting in incontinence.

Such a paralysis, whether of the detrusor or sphincter, is generally centric, and dependent upon some cerebral or spinal lesion, though eccentric causes may sometimes exist. Our patient fails to present any evidences of such lesions, therefore we will exclude paralysis as the trouble. But there is a condition called paresis or atony, in which there is a *partial* loss of muscular power or tone. The bladder can contract, but it does so in a slow, imperfect manner. This condition is quite common, and while recognizing many causes, there is none so frequent as over-distention of the bladder. The muscular fibres are stretched to such a degree as to lose, in part, their contractile power; and again the nerve filaments, running in the bladder wall, are so stretched as to fail thereafter to conduct reflex nerve impulse. Here, then, we find a partial explanation of our patient's difficulty.

Two and a half years ago his bladder suffered enormous distention, and as a result, its walls have lost their tonicity. Not a paralysis, mark you, for he can void some urine. I speak of the explanation as a partial one, because if atony or paresis were the only factor in the case, he should be able to empty the viscus unaided, which process, though feeble and slow, would still be successful.

We now turn to the first supposable cause

of retention cited, namely, obstruction. What will obstruct the flow of urine? Two causes stand out boldly—stricture and prostatic hypertrophy. Many others might be mentioned, but as our time is limited, we will content ourselves with these two. Is this a case of stricture? Was that the trouble two years and more ago, when the present condition first developed? Hardly. Young men, or those in middle life, are more likely to be troubled with stricture, for it is during this period that the causes of organic urethral contraction are most active. Again, his history does not bear out the supposition of stricture, so we will dismiss that idea. There remains hypertrophy of the prostate. A large proportion of men who have passed their sixtieth year are prone to have an enlargement of the prostate. It is not a disease, but simply an exaggeration of normal structure, the result of advancing years, and must be carefully diagnosticated from prostatic enlargement, which is caused by inflammatory action, and prone to occur in younger men.

The age at which hypertrophy first begins—or at least has advanced sufficiently to announce its existence by symptoms—varies greatly. Never before fifty years, usually not much under sixty, and sometimes not until after seventy years or more. Why this difference? Not to speak of the varied ability of individuals to resist the evidences of advancing years, we will refer, as one explanation of this difference in time, to the kind or locality of the hypertrophy. Suppose we have two men, both of whom have reached the age of fifty-six years. Both are healthy, and one is the counterpart of the other. At this time their prostates begin to enlarge. In A the enlargement manifests itself chiefly in the posterior part of the gland, and after a few years the finger in the rectum readily detects a gland greatly enlarged, perhaps, and yet he has little if any difficulty in voiding urine. B has great trouble with his water. It comes slowly, requires a great deal of straining, the stream is small and cannot be projected with any force. He has to urinate frequently, or passes urine involuntarily most of the time, and it is strong, ammoniacal, loaded with the ammonio-magnesium crystals.

You pass the finger into his rectum and find that the prostate is not much larger than normal—you measure the length of the urethra, and find it only a little longer than normal. Can this be prostatic hypertrophy? Yes, there is not much hypertrophy, but that little has involved the internal meatus, either as a little nodule at the orifice or perhaps assuming the form of a tumor more or less pedunculated or polypoid. Thus is explained, in part, why the symptoms of the trouble in question manifest themselves earlier in some than in others; also why some men have so much difficulty, and others so little. On rectal palpation, I find our patient has some general hypertrophy—not much, for the normal central depression of the gland is got obliterated. The left border I find is a little irregular in outline—that is all, except that the gland is harder and more dense than normal.

I measure the length of the urethra, and find it not much greater than it should be. I select a Mercier catheter (I succeed in entering more bladders with this than with any other form of instrument) and oiling it, pass it in. As it reaches the neck of the bladder, a little resistance, and in it goes. It mounted a little step as it entered. You observe the character of the stream of urine that flows. It is slow, with little impulse. As he strains, or takes a long breath, or coughs, the force of the stream is augmented, as it is also from the pressure of my hand on the hypogastrium.

Our diagnosis is now complete. Prostatic hypertrophy, augmented by some degree of congestion from cold or other cause, producing sufficient additional enlargement to occlude the internal meatus, and so the retention two and a half years ago. Atony or paresis from the overdistention that happened at that time, and from which he still suffers. What can be done for him? For the *senile* form of hypertrophy nothing can be done. No form of treatment has yet proved successful. If the enlargement takes the form of a tumor, and projects into the bladder, then that viscus may be opened and the tumor removed. The danger in such cases is from the obstruction to the exit of the urine, exciting a chronic cystitis, which, in time, will travel

up the ureters and invade the pelves of the kidneys. Our efforts, then, however negative towards reducing the hypertrophy, should be directed against its results, and in this direction much may be accomplished. First, systematic, complete emptying of the bladder one or more times a day by use of a proper catheter. At such times it is well to wash out the viscus with simple warm water, followed by a medicated injection to relieve the catarrhal condition, the frequency of such procedure and the character of the remedial agent being dependent upon the severity of the catarrhal disease. Boracic acid, five to ten grains to the ounce; acetate of lead, one-third to one grain to the ounce, and nitric acid, one or two drops of the pure acid to the ounce, are some of the best agents for such purposes. Internally, various drugs may be exhibited, depending upon individual cases and symptoms, such as oil of eucalyptus, benzoate of ammonia, benzoic acid, populus, chimaphila, buchu, parvira brava, uva ursi, triticum repens. In the case before us we have no symptoms beyond the inability to empty the bladder. No pain or tenderness, and the urine is not very catarrhal, that is, has not a great excess of mucus or pus, though it has a strong odor; generally smells of ammonia, as he tells us. We will, therefore, order him benzoate of ammonia ix trituration. For the paresis three remedies are especially homœopathic, as they will, and have produced paralysis of the bladder, viz.: belladonna, opium and hyoscinamus. To these we would add nux and ignatia. Locally, the bladder should be washed daily with water, warm at first, gradually lowering the temperature until cold water is used. This has a powerful tonic effect. Electricity also produces good results.

Surgery.

Excision of the Superior Maxillary Bone.

THE patient, æt. forty-five years, was suffering from an abnormal growth on the above named bone. Prof. Helmuth made an examina-

tion and rendered a diagnosis of Giant-cell Sarcoma, and advised its removal. The tumor had grown to the size of an orange, and the patient's power of perception on the effected side was greatly diminished. The Professor gave a concise description of the excision about to be performed, and demonstrated the advisability of performing tracheotomy first, as a matter of convenience, and because it much lessened the danger to the patient. All the preliminaries having been accomplished, an incision was made in the median line immediately below the cricoid cartilage and extending about two inches toward the upper border of the sternum. The subcutaneous tissue was then carefully divided, and sterno-hyoid and sterno-thyroid muscles exposed on either side. The lips of the incision were separated and held apart, with the retractor, by Prof. Doughty. The plexus of thyroid veins was then brought to view, and drawn aside in a similar manner. A few spurting arterial twigs were ligated, and with the aid of the left index finger, which was kept constantly in the opening, the trachea was felt, and being steadied by a hook, an opening was made through the second and third rings, at right angles to the plane of the wound, cutting upward in the line of the incision. Entrance into the trachea was at once indicated by a rush of air and mucus. A tracheal tube closed by a screw, in order to bring the sides of the instrument in apposition, so that it resembled a thin silver wedge, was without any trouble passed into the incision, without the use of dilators, which saved time; the screw was then reversed, the blades opened, and a full sized tracheotomy tube slipped into the pilot. In a few moments steady and regular breathing was established. The anæsthetic was now given through this artificial opening. The patient's pharynx was then packed with four good sized antiseptic sponges, with cords attached, in order to prevent the blood from passing into the trachea. The operator then turned his attention to the excision about to be performed, and marking with his eye the projected line of incision, followed his tracings by dividing the upper lip directly beneath the septum nasi. The incision was then carried

around the ala of the nose up to the inner angle of the eye, and from thence parallel with the lower margin of the lid to junction of the superior maxillary and malar bones. The advantage of this incision is that it avoids the large vessels and nerves, and fully exposes the bone to be removed. The flap was then dissected off and the tumor exposed. The wounded arteries were ligated. The hard palate was then sawn through, together with the upper portion of the nasal process, and the remaining bony attachments severed, partly with the saw and partly with the bone cutter. The lion-jawed forceps were then used to lift the diseased mass from its remaining attachments, after which a few touches of the knife and scissors completed the operation. There was considerable oozing of blood in the cavity, and this was controlled by ligatures and the use of Pacquelin's Cautery. The cavity was thoroughly cleaned and the edges of the wound brought together and held by interrupted silk sutures and hare-lip pins. Several sponges were left within the cavity produced by the removal of the bone, and the patient was put carefully to bed. The tracheotomy tube was removed the second day, and the sponges and pins on the third day, and at the present writing the patient is doing remarkably well. The operation was witnessed by thirteen students from the college

Operation for Varicocele.

PERFORMED BY PROF. HELMUTH.

THIS disease consists of a varicose enlargement of the spermatic veins, and is usually of slight consequence. Generally a suspensory bandage is all that is required for the treatment, together with strict attention to hygiene; but in some cases other means are desirable, as when a varicocele steadily increases in size, and when it is accompanied with much distress, annoyance, pain, etc., as in this case. The diagnosis is rendered easy by the peculiar feeling imparted to the fingers as of a bunch of worms. The

patient had been operated on by other surgeons five times previously to this, with no appreciable success, and, being desirous of a complete cure, was advised to visit the Hahnemann Hospital and have the radical cure for varicocele performed by Prof. Helmuth. Many methods of operating have been employed. Henry's operation was advisable in this case.

The patient was placed in a recumbent position, and under the influence of an anæsthetic. The assistant washed the parts and shaved the hair from the integument. The scrotum was put on the stretch, and Henry's clamp applied. Four pins were placed between the blades to prevent the scrotum from slipping. The superfluous scrotum was then removed by the use of shears, the slight amount of bleeding having been controlled by ligatures, and the parts cleansed antiseptically; the edges of the wound were then brought together by an uninterrupted catgut suture, and a dressing of marine lint lubricated with carbolized vaseline was applied, with a temporary bandage to retain it in position. The patient was then removed from the operating table, and, in ten days from the date of the operation, was discharged cured.

Professor Helmuth's Clinics.

AT THE COLLEGE.

FRED TAYLOR, a young man about eighteen years of age, was the first patient presented to the clinic. About six months ago he fell from a height of about twenty-five feet, striking his testicles. Professor Helmuth examined the case and then gave a very clear and practical discourse on the anatomy and physiology of the testicles, epididymus and cords, illustrating his remarks by delineations on the blackboard. He pronounced this a case of Epididymitis, an inflammation of the epididymus. He advised the use of a suspensory bandage to support the weight, and prevented pulsation 3rd three times a day.

The next case was the case of miner's elbow or enlarged bursa, which had been to the clinic

about two or three weeks previous. The bursa was much improved and the treatment—which was continued—consisted of external pressure and mezerium internally.

The next case was Michael O'Brien, æt. forty-seven years. He had fallen down a flight of stairs, striking on his hand, which was turned under him and twisted to one side. After an examination was made it was pronounced a fracture of the metacarpal bone of the little finger. A pad was placed along the side of the bone for the purpose of holding it in position, when a felt splint was applied, which extended over about one half the hand on its dorsal and palmar surfaces and from near the tips of the fingers to about four or six inches up the forearm. This was secured by a roller bandage and several strips of adhesive plaster were placed over this to keep the bandage from slipping. This same man came to the clinic about two years ago with a fracture of the lower jaw, which Prof. Hel-muth set, and with the treatment of which the patient was very much pleased.

Materia Medica.

Some Practical Applications of a Few Drugs.

IT is well that we pay particular attention to the physiological action in reading up our Materia Medica. This will aid us in remembering the symptomatology and will give us, in brief, the main sphere of action of each drug. Given a thorough knowledge of its physiological action, the main features of its expression can be clearly and rapidly traced. On the other hand, if we attempt to learn and retain symptoms without reference to their cause, without understanding the reason why they are produced, we find our Materia Medica a perplexing, discouraging and unpleasant study.

Some of our important drugs must be learned symptom by symptom and must be constantly fresh in our minds; but in regard to drugs of

minor importance, all we can do at present is to retain their most important lines of usefulness.

It is with the desire to aid our student readers that the following remedies are given, with conditions in which they are very often useful and which we are justly expected to understand.

ARUM TRIPHYLLUM.—Sore throat, glands swollen, burning rawness in the throat extending to the nose, voice breaks in talking.

RHODODENDRON.—Rheumatism relieved at once by continued motion, aggravated on the eve of a storm, but relieved after storm breaks.

Orchitis and epididimitis, where testicle is intensely painful, pains extending to abdomen and thighs, especially of left side. (Puls. has much the same condition, but the pains extend from abdomen, through the cords to the testes.)

IGNATIA.—Hysteria headache, as though a nail were being driven into the side of the head. All symptoms are contradictory—she is cold during the fever and hot during the chill, the pain in the head is relieved by lying on the painful side; an all-gone feeling in the epigastrium.

Twitchings of isolated muscles.

DULCAMARA.—Very useful in a cold taken from damp weather.

Rheumatic stiff neck, diarrhoea from hot days and cool nights, especially if associated or alternating with nettle rash.

LYCOPodium.—Fan-like motion of alae-nasi in pulmonary troubles. Flatulence with indigestion, eructations of tasteless gas (Carb. v. has much the same gastric symptoms, with the exception that the eructations in Carb. v. are very sour). Feels hungry, but a few mouthfuls fill him up. Tendency for all trouble to become chronic and deep-seated. Red, sandy sediment in urine. All symptoms aggravated from four to eight p. m.

Nux. V. Mood is irritable, dull headache with vertigo begins in the morning and is accompanied by an intoxicated, dizzy sensation, which is felt before opening the eyes. (Bry. has this morning headache, but it is not felt until the eyes are opened, then the head seems to turn in a circle.) The Nux. headache is also aggravated by eating and from wine and coffee. It has

proven itself valuable in antidoting the effects of alcohol, but Sulphuric Acid is more to be thought of in the acid condition of the stomach shown by sour eructations, sour vomit, etc., that come after a long-continued abuse of alcohol; also where the stomach is dependent upon alcohol. All drinks distress him unless they contain some spirit.

Nux. has a very decided action on the intestinal tract. It causes—not torpor—but an irregular *action* of this canal. The patient has a desire for stool, but suddenly peristaltic action is reversed, and he is unable to relieve himself. Troubles due to sedentary habits, as often seen in business men who are good livers and take slight exercise.

GLONOINE.—Throbbing all through the body, intense throbbing in the head without pain, fullness in the head that bewilders him so that well-known streets appear strange.

Sulphur. In chronic cases, where the well-selected remedy does not act. Whether this drug acts by simply arousing the vital forces so that they respond to the action of indicated remedies, or because it is the true drug for these conditions, is not fully established.

A faint feeling, as from lack of food, is seen each day at eleven A. M.

Constipation, stool large, hard and dry, ineffectual urging, especially in the rectum. Hemorrhoids that itch and burn, and are aggravated by cold water (all conditions are aggravated by water—in children needing Sulphur there will be aversion to water, and they often cry while being washed). Heat on the vertex, heat in the palms and soles.

IODINE.—Goitre. Memb. croup, when respiration is dry and sawing, face cold and pale, voice deep and gradually grows deeper. (Iodide of Potash often will relieve if Iodine alone fails, especially if child wakes up choking; no air seems to enter the lungs.)

Pneumonia, when consolidation, begins at the apex and spreads rapidly. Fever is high and there is great thirst. Iodine is especially useful in scrofulous people, whose glands are enlarged by scrofula and finally atrophy.

BROMINE.—One of the most valuable remedies

in memb. croup, and it is well to use this unless there are special indications for some other drug. The voice is hoarse and croupy. Child gasps for breath longer and seems to be full of mucus, but he does not raise any.

CHLORINE.—Easy inspiration, while expiration is well nigh impossible.

PHOSPHORUS.—Sensation of a band over the eyes. Hoarseness, raw pain in the larynx. Sensation that larynx is lined with fur.

Bronchitis, with dry, hard cough, aggravated by talking or lying on the left side. Cough accompanied by sense of pressure on the chest. Pneumonia, with hepatization rusty expectoration.

Tendency to Phthisis. Debility. Night sweats. Painless diarrhoea that is watery and contains white flakes. Sexual debility. Impotence. Copious emissions.

PHOS. ACID.—Mental or physical overwork. Dull, stupid headache. Inability to think. School children's headache.

Sexual organs weak from abuse or excesses. Lascivious dreams, with emissions, followed by impotence.

Copious, painless, non-exhausting, though long lasting, diarrhoea.

ARSENIC.—Anæmia. Neuralgia, with burning pains. Bronchitis, with dry cough, as from inhaled sulphur. Burning rawness in chest. Cough aggravated by any change in the temperature of the air. Gastritis or gastric ulcer, with intense burning and constant nausea. Painless, dark, offensive diarrhoea. Peculiar thirst (for small amounts often). Rapid emaciation in all complaints. Chronic nephritis. Dropsy. Pale, waxy cedema.

Apocynum and Gelsemium

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PA.

(From an extemporaneous lecture, phonographically reported).

IN the order of *Apocynaceæ* are a number of plants, which we use as medicines. Among these may be mentioned *Apocynum cannabinum*, *Gelsemium sempervirens*, *Vinca minor*, *Oleander*

Nux vomica, *Ignatia*, and *Woorari*. This order of plants is very poisonous ; some of them may even cause death.

The symptoms of the first one on the list, *Apocynum*, I gave you when referring to the dropsy of *Apis* ; but I will repeat them here. You will recall that it is useful in dropsy of non-organic origin, either in local dropsy, such as ascites, or in general cellular dropsy. Almost always you will find that there is a goneness or sinking sensation in the pit of the stomach, together with an intolerance of fluids. If the patient is thirsty and takes a drink of water, he vomits it at once. The first symptom showing the beneficial action of *Apocynum* is usually a profuse flow of urine. Then the dropsy begins to diminish. I have frequently cured dropsies with the high potencies of *Apocynum*. Many, however, have been obliged to use the tincture. I mention that in order that you may know that it is sometimes necessary to use the tincture of *Apocynum* in order to produce the desired result.

Apocynum also has some action on the joints, producing a rheumatic condition. The joints feel stiff, especially on moving in the morning.

You will recall, too, that I mentioned *Apocynum* as a remedy in hydrocephalus ; the head is large ; there is bulging of the frontal bone ; the fontanelles are wide open ; there is squinting, and, in extreme cases, the patient is blind ; one side is paralyzed. The case much resembles *Apis*, but lacks the cephalic cry. It is indicated in more advanced cases than *Apis*. One or two cases have been cured by the continued use of the remedy.

GELSEMIUM.

This is a remedy, to acquire a thorough knowledge of which will not tax you much. Its sphere of action is well defined. In poisoning cases we find that the prominent and universal symptom is paralysis of the motor nerves. The mind at first is clear, or there may be a slightly stupefied condition, as in case of one intoxicated, a sluggishness in thought and in emotion. Still later in the toxic effects of the drug you will note that the sphincters become relaxed. The anus remains open, permitting the escape of

fæces. Urine escapes freely and involuntarily. Later, respiration becomes labored, as though the muscles had not the power to lift the chest. Finally, the heart muscle gives out and the patient dies. Looking, then, at these symptoms as presenting in a nutshell the action of this drug, we find that it is a depressant. It acts upon the cerebro-spinal system, particularly upon the anterior columns of the cord. We also see that, by producing this sluggishness of thought, this stupid state of the mind, it must have an action on the vascular system. It is through the vaso-motor nerves that it produces passive congestion, and I would like to say that this congestion may be either venous or arterial. Passive congestion is generally of venous origin ; but, under *Gelsemium*, this passive hyperæmia refers to both arteries and veins. In addition to this nervous action of the drug it has something of an affinity for the mucous surfaces, giving rise to catarrhal inflammations. It is not difficult with this outline of the drug to fill in the characteristics.

We find that, in obedience to its paralytic action, it causes diplopia. This double vision, when *Gelsemium* is the remedy, comes from paresis of the muscles of the eye.

Ptosis, or paralysis of the upper lid, calls for *Gelsemium* when it is associated with thick speech and suffused redness of the face. The eyeballs feel sore, this soreness being worse on moving the eyes. In this last symptom it is similar to *Bryonia*.

In ptosis we may compare *Gelsemium* with *Causticum*, *Rhus toxicodendron*, *Sepia* and *Kalmia*. *Rhus tox.* is useful in ptosis or, in fact, in paralysis of any of the ocular muscles, when the disease occurs in rheumatic patients as a result of getting wet.

Sepia is indicated in ptosis, when the disease is associated with menstrual irregularities.

Kalmia is also useful in ptosis of rheumatic origin, when attended with sensation of stiffness in the lids.

Causticum, in ptosis of rheumatic subjects.

There is difficulty in swallowing, dysphagia, as it is called. This symptom is due to defect in the muscles of deglutition.

Aphonia, or want of voice, may be present. The patient may whisper, but can scarcely utter any sounds, on account of the parietic state of the laryngeal muscles. This symptom is frequently observed in hysterical women after emotion, especially after emotions of a depressing character. Paralysis after emotion is noted under other drugs; for example, under *Natrum mur.*, the arm almost loses its power after a fit of anger.

The heart is affected by *Gelsemium*. The patient, on going to sleep, is suddenly aroused with the feeling that the heart will stop beating. He feels that the heart would cease to beat if he did not move about. Here the heart muscle is in a weakened state, and there is a sort of instinct on the part of the person to move about to stimulate the heart muscle to act.

Digitalis has a symptom just the reverse of that of *Gelsemium* above-mentioned, namely, the patient fears that the heart will cease beating if he makes any motion.

Grindelia robusta has great weakness of the heart and lungs. When the patient drops off to sleep, he wakes up suddenly with a sensation as if the respiration had ceased.

In post-diphtheritic paralysis, *Gelsemium* is our most valuable remedy. In one very severe case of this disease under my care, *Gelsemium* effected a perfect cure. The child did not have sufficient strength to hold herself up. The spine in the upper cervical region was bent backwards. One side of the body was paralyzed. In attempting to walk, the child would shuffle along as though she had no control over the muscles. If she attempted to turn around, she would fall. The speech was thick and heavy, as though the tongue were too large for the mouth. There was marked strabismus. Sensation was nearly perfect. I ordered the patient to be stripped twice a day and laid on the bed and well rubbed. I gave her *Gelsemium*. Under the use of this remedy she made a perfect recovery.

I doubt if *Gelsemium* will cure paralysis of organic origin, when there are alterations in the brain, the spinal cord, or the peripheral nerves themselves.

Gelsemium is useful in some cases of headache.

I said, a few moments ago, that this remedy causes a passive congestion, and by that I mean not a violent, sudden afflux of blood to a part, but that condition of the blood vessels in which they are dilated, just such a condition as I mentioned, the other day, under *Ferrum phos.* The headache begins in the nape of the neck, passes up over the head, and settles down over the eyes. It is usually worse in the morning, and is accompanied by stiff neck. The face is a suffused red. The eyes grow heavy and bloodshot. There is great difficulty in lifting the upper lids; often, too, the speech is thick, as though the tongue were unwieldy. Altogether, the face has the appearance of one under the influence of liquor. Thought, too, is slow, so that the patient answers questions either slowly or imperfectly.

This condition is accompanied by a pulse which is full and round, which seems to flow under the fingers like a current of water. It is exactly like the *Aconite* pulse, except that it lacks tone, *i. e.*, the hard, unyielding pulse that *Aconite* has.

Here, then, you have symptoms which ought to suggest *Gelsemium* in a variety of diseases. How useful it ought to be in the congestive stage of spotted fever. This remedy has, in addition to the symptoms already mentioned, another which is characteristic of spotted fever; that is, depression. The system seems to be laboring under some poison which it cannot overcome. So you have every indication here for the use of this drug in that dreaded disease. When the case advances to active inflammation, when there is effusion, *Gelsemium* steps out and gives place to other remedies. In addition to the form of headache above described, there is another which is associated with a feeling as though there were a band around the head or across the forehead.

Now, for the fever that *Gelsemium* produces. *Gelsemium* causes a fever which is remitting or intermitting in its type. You will find it a valuable remedy in the remitting types of fever in children. You find the patient drowsy and tossing about the bed in agony. (You cannot give *Aconite* in these cases, unless the mental symptoms of that remedy are present.) The face is

red ; it has this suffused redness, of which I spoke a few minutes ago. When the child is aroused from this drowsy state, it is peevish, irritable, nervous or somewhat excitable, but never has the violent tossing about of *Aconite*. In extreme case, the the drowsiness may give place to convulsive motions. The muscles of the face twitch; the child becomes rigid, as though it were about to have a convulsion. There is usually not very much thirst, but there is great prostration, so that the child seems too weak to move. The child is also sore ; every part of the body seems to be so sore that he cries out if you move him. These symptoms will remit and, possibly, the next morning slight perspiration will show itself. The next afternoon, the symptoms return as before.

In intermittent types of fever you may select Gelsemium in the beginning. The chill runs up the back. This is followed by fever with the same symptoms that I have already mentioned. This fever is followed by sweat, which relieves the symptoms. It is especially indicated in chills and fever in new neighborhoods.

In adults, we find Gelsemium the remedy in bilious fever, particularly bilious remittent fever. The reason that it is useful in bilious fever is that it causes a passive congestion of the liver. The blood flows sluggishly through the liver. It is not the same portal stasis that you find under *Nux vomica*, but it is a lazy flow of blood. Thus the liver becomes overcharged with blood, the bile cannot be properly secreted, and you have a bilious type of fever.

In *typhoid fever* Gelsemium is indicated, particularly in the initial stages ; when, during the first week, the patient feels sore and bruised all over, as if he had been pounded. He dreads to move. He has headache. More than that, he has lost muscular power. He is drowsy, and has this same suffused red face. In these cases, Gelsemium will so modify the course of the fever that the patient will pass through it with comparatively mild symptoms.

We may find Gelsemium indicated in *catarrhs* excited by warm, moist, relaxing weather, with excoriating discharge from the nose, making the nostrils and the wings of the nose raw and sore.

There are frequent sneezing and sore throat, the tonsils being red and somewhat tumefied, with difficulty in swallowing. I would remind you in passing that this difficulty in swallowing is not what it is under *Belladonna*. Under *Belladonna* the difficulty comes from the extent of the swelling. That is true of Gelsemium also. Secondly, it comes from spasmodic contraction of the fauces, owing to the hyperæsthesia of the nerves. The minute water touches the throat it is expelled through the nose. With Gelsemium the dysphagia comes from the paretic state of the muscles, or the patient was muscularly weak when he caught cold. With this cold you will find dry, teasing, tickling cough, with very little expectoration. You will find general prostration, and often, too, neuralgia of the face.

In *prosopalgia*, Gelsemium may be of use when the disease affects one side. It is intermittent in its type. The seventh pair of nerves is involved. The patient makes all sorts of grimaces.

Gelsemium has some slight action on the skin. It produces an itching and redness of that tissue, this itching being violent enough to prevent the patient from falling asleep. A little eruption, consisting of small pimples, and somewhat resembling that of measles, may appear. Gelsemium may be used in measles, in the beginning, when fever is a prominent symptom, and we have present the coryza of the remedy ; watery discharge from the nose, excoriating the wings of the nose and upper lip. There is apt to be associated with this a hard, barking, croupy cough, with hoarseness.

Aconite, other things being equal, is the best remedy we have for the beginning of measles. If you find a case that you presume is going to be measles, with fever, restlessness, photophobia, coryza, sneezing, and hard, croupy cough, you are justified in giving *Aconite*. *Pulsatilla* is not the remedy if there be any fever.

When moisture breaks out with the fever *Belladonna* is more likely to be the remedy.

If there is drowsy state and suffused face you may give Gelsemium in the beginning of the eruptive disease, even if there be convulsions present.

Next I want to speak of the action of Gelsemium on the genital organs. On the male organs, Gelsemium produces a condition very nearly approaching impotence, frequent involuntary emissions at night, with relaxation of the organs, no lascivious dreams, and often cold sweat on the scrotum. The organs are relaxed. It is indicated especially in those cases which arise from masturbation.

I would have you note here another remedy, namely, *Dioscorea*. This is excellent for what we may term atonic seminal emissions; when there is a passive state; two or three dreams in a night with emissions of semen. The day following the emissions the patient feels weak, particularly about the knees. In these cases I know of no remedy like *Dioscorea*. I usually give it first in the 12th, afterwards in the 30th.

Caladium seguinum is indicated for the bad effects of sexual excesses, when wet dreams occur without any lasciviousness, or any sexual excitement whatever.

Agnus castus is the remedy for spermatorrhœa in old sinners.

Other remedies which may be compared with Gelsemium in its action on the male organs are *Digitalis*, *Phosphorus*, *Nuxvomica*, *Calcarea carb.*, *Lycopodium*, and *Camphor*.

In *Gonorrhœa*, Gelsemium is indicated in the beginning, when there is marked urethral soreness. There are also burnings at the meatus and along the line of the urethra. The discharge as yet is slight, not having become purulent. The disease may have been suppressed, and as a result is complicated with epididymitis. In gonorrhœal rheumatism it may be a useful remedy.

In diseases of the female organs Gelsemium is an invaluable remedy. First of all we find it useful in rigid os uteri. You must not confound this with the more common condition, spasm of the os, which calls for *Belladonna*. Often we find in labor, after it has lasted several hours, that there has been tardy dilation of the os. The examining finger finds the os unyielding, hard and thick. The rigid os calls for Gelsemium.

Another condition, exactly opposed to this, calls for Gelsemium, namely, complete atony of the uterus. The neck of the uterus is soft as

putty. It is perfectly flabby. The body of the uterus does not contract at all. The bag of waters bulges freely from the os. There is no attempt whatever at expulsion. In such cases give a few doses of Gelsemium.

In the premonitory stages of *puerperal convulsions* Gelsemium is an admirable remedy. The patient is usually drowsy, and has twitching of different parts of the body. The os is either rigid, as I first mentioned, or else everything is perfectly inactive, the pulse is full and large, but soft. Pain seems to go right through the stomach, and then backwards; sharp cutting pains that seem to go right through the neck of the uterus, and then upward. With these pains the face flushes.

Gelsemium is useful for the effects of emotions, particularly after fright or fear. A suddenly-appearing diarrhœa coming on from effects of excitement calls for Gelsemium. The stools are copious, yellow, and papescent. The tongue is coated white or yellowish.

Other remedies coming into play in cases of diarrhœa arising from emotional influences are *Opium*, *Veratrum album*, *Argentum nitricum*, and *Pulsatilla*.

Opium in cases coming on as a result of fright.

Veratrum album in diarrhœa after fright, associated with cold sweat on the forehead.

Argentum nitricum when diarrhœa follows great excitement, especially when the imagination has been played upon.

Pulsatilla in diarrhœa from fright, when the stools are greenish, yellow, and slimy, or very changeable.

Conium, *Physostigma*, and *Tobacum* intensify the action of Gelsemium. — *Hahnemannian Monthly*.

Mercurius Corrosivus in the Hands of the Allopaths.

THE history of the use of *Corrosive Sublimate*, or, as we prefer to call it, *Mercurius Corrosivus*, among the allopaths during the last twelve months or so is most instructive. The discovery having been made that this substance is one of the most powerful of all destroyers of

living organisms, it was at once dubbed "the antiseptic" *par excellence*; and *Carbolic Acid* being at the time not a little discredited, *Corrosive Sublimate* rapidly came to the front. "Antiseptic" was its name, and the idea that it could do anything more than act as an "antiseptic" did not appear to have occurred to the allopathic mind. The scientific having decided that it was an antiseptic, it would be really impertinent on the part of the drug to do anything else than "antisept"—if we may be allowed to coin a word. This is just what happened with *Carbolic Acid*. *Carbolic Acid* was and is an antiseptic; it was and is used as an antiseptic; the idea being that when an agent is *used* as anything it must do that same thing and nothing else. If *Arsenic* is "used as a hæmætic tonic," it must restore the quality of the blood; if *Rhubarb* is "used as a stomachic tonic," it must act as a restorative of the strength of the stomach. Such is the inference—that the action of a drug depends on what it is "used as," and not on its own inherent properties. And so, when it has been decided that *Carbolic Acid* is an antiseptic, and when those who employ it say that they "use it as an antiseptic," nobody imagines that it may possibly have another action besides that of destroying germs, and that the germ destroying power may not be the explanation of its good effects when they ensue. In spite of the fact that a large number of patients on whom *Carbolic Acid* has been "used as an antiseptic" have died with hæmaturia, and that others have died from its use with symptoms of blood poisoning which it has been difficult to distinguish from the symptoms of ordinary septicæmia, *Carbolic Acid* still continues to be an "antiseptic," and the word "antiseptic" is thought to be a sufficient explanation of its action.

And now the new antiseptic agent, *Mercurius Corrosivus* is behaving in the same unseemly way as its brother germ-destroyer, *Carbolic Acid*. It has been "used as an antiseptic," and the users have forgotten that the drug was not bound to do only that for which they used it. It was most irritating to have the unruly substance behave as it has always done, and not as it was expected to do by the antiseptic surgeons. These

offended dignitaries could hardly believe their experience at first; and the *Lancet* published in February last (28th) an editorial note on what it thought fit to term "*Alleged (!) Dangers in the Use of Corrosive Sublimate as an Antiseptic Agent.*" This is of such extreme importance that we reproduce it entire:

"Dr. Fraenkel, of Hamburg, draws attention (*Virch. Arch.*, 99 ii.) to an almost unsuspected danger arising from the too free use of corrosive sublimate as an antiseptic agent. His remarks are in the first place based upon a case recorded by Stadfelt, of death with dysenteric symptoms following upon intra-uterine injection of a solution of sublimate (1 in 1,500) after adherent placenta, and are supported by the results of post-mortem examinations of surgical cases in which this solution was employed. In all these cases (fourteen in number) severe ulcerative lesions were found in the large intestine, but Dr. Fraenkel admits that in only two of these could the lesion be said to have caused the death of the patient. The appearances presented by the diseased bowel resembled those of acute dysentery—viz., more or less extensive areas of necrosis of the mucous membrane, with intense surrounding inflammation. He combats the notion that the intestinal lesions depended on septicæmia, mainly on the ground that in no case were any other of the lesions characteristic of septicæmia or pyæmia present, nor did the cases run the clinical course of blood-poisoning. Although the paramount value of corrosive sublimate as an antiseptic must be admitted, its employment is nevertheless not free from risk. Its immoderate use as an external application is liable to excite the diphtheritic-like inflammation of the large and sometimes of the small intestine, which is recognized clinically by tenesmus, colic and bloody stools. But so far the renal changes supposed to be characteristic of sublimate poisoning have not been observed in surgical practice. The intestinal affection is most liable to occur in individuals whose nutrition is defective, or who are very fat, especially those with fatty hearts; and particularly if the sublimate has been in contact with large exposed and absorbing surfaces, as the

peritoneum or uterus; therefore care should be taken to use only the weakest solutions consistent with their antiseptic property, and especially not to use them too frequently as intra-uterine injections."

It is scarcely credible that the destructive power of *Corrosive Sublimate* should have been "almost unsuspected" by a man of the standing of Fraenkel, though we are not astonished at the editor of the *Lancet* quoting this experience as betokening merely an "alleged danger." The editor of the *Lancet* is not remarkable for his sagacity. But let us look at the facts. *Corrosive Sublimate* is used in what might seem a weak dilution—1 in 1,500—more attenuate, in fact, than our 3d decimal—as "an antiseptic." Probably it *did* kill a few germs and minute living organisms, and so it *may* have fulfilled the intention of its users. But not only did it kill the germs—it killed the patients, fourteen in number. How many others it has killed before and since, when "used as an antiseptic," it is impossible to say. This "antiseptic" produced dysentery, diphtheritic ulceration, and symptoms of blood poisoning. What is to be said of this action? Has it any bearing on the sphere of its curative powers? It is used in states of blood poisoning, and it will cause death with the symptoms of blood poisoning. Is there any relation between these two facts? "Oh, no!" says the allopathist, "it acts as an antiseptic." It causes ulceration, and it is used for the same condition; surely there is a hint of homœopathy here. "Not at all," says the allopath, "it is used as an antiseptic." But if it is an antiseptic only, how is it that it kills so many patients as well as the microbes? "That I cannot tell," says the allopath; "all I know is that it is 'used as an antiseptic.'"

It is amusing to see how ready "our friends the enemy" are to adopt our practice as soon as they can get a colorable excuse. *Corrosive Sublimate* has now become a fashionable "antiseptic," and it can now be used for all cases of ulceration, such as homœopathists have been in the habit of curing with it for generations past, without any suspicion of flirting with homœopathy. In this way it has been adopted

for the treatment of ulceration of the eyes—as an "antiseptic" lotion, of course. But the curious part of it is that in using homœopathy in this way (even though they dub the treatment "antiseptic") they are obliged after killing by their stupidity a large number of patients, to dilute it to an almost unheard of extent. We understand that at Moorfields a solution of 1 in 50,000 is the favorite strength. This is in point of attenuation somewhere between the 2d and 3d centesimal dilutions of Hahnemann. But though there is nothing produces ulceration so surely as *Corrosive Sublimate*, and nothing produces such rapid cures, according to our clumsy imitators, this is not homœopathy—it is "antiseptics."—*Homœopathic World*.

Causes of Sudden Death After Middle Life.

BY J. MARTINE KERSHAW, M.D., ST. LOUIS.

THE principal causes of sudden death in those beyond the age of sixty years are heart disease and cerebral hemorrhage. I shall not undertake to enumerate all the various diseases of the heart that are likely, at any moment, to terminate fatally. Suffice it to say, that back of the heart trouble and back of the brain difficulty that may at any time result in cerebral hemorrhage, is the real cause of it all—arterial degeneration. True, a heart's wall may rupture, an abscess may eat its way through this organ and cause the immediate death of the patient, but the majority of cases are due to the degeneration of the circulatory apparatus, and this difficulty ordinarily begins as an inflammation of the arteries. Charcot believes that the cause of cerebral hemorrhage is the rupture of small miliary aneurisms that have developed from disease in the perivascular sheath of the arteries. Degeneration takes place from without inwards. This is a true periarteritis. Atheromatous disease of the blood vessels, after passing through several stages, leaves the vessels hard, inelastic, calcareous tubes. Spiculæ of calcareous

matter projecting into the vessels obstruct the circulation, interfere with nutrition, and often lead to softening of the brain. Having arrived at a conclusion as to the cause of the many sudden deaths that take place about us, what are we to do to prevent such fatal results in those predisposed to the troubles under consideration?

A man of sixty-five or seventy years of age must expect nature to fail somewhat, but when he observes symptoms of disease and is told what they mean, it is neither comfort nor satisfaction to be informed that a better life forty years ago would have prevented the difficulty now present. I particularly refer to exposure, intemperance, dissipation, irregular hours as regards sleeping and eating, and excessive mental strain and worry. Alcoholic over-stimulation, however, is a potent factor in the production, and dilatation of the arteries of the brain. A heart made to work at full speed, by means of artificial stimulants, will, like the horse, or steam engine, break down from the wear and tear of overwork; while the vessels of the brain, like the outstretched piece of rubber, will snap and break when the tension becomes too great for it to longer withstand the strain. Most men of sixty years of experience would probably turn over a new leaf and try it again if they had the opportunity to do so, but as this is impossible, what are we to do with the individual as we find him? How shall we manage a weakened heart and brain, how avert the threatening symptoms and give him a new lease of life of five, ten, or fifteen years? A man having symptoms which point to apoplexy—red face, throbbing headache, numbness of arms and legs—comes to us to know how best to ward off or entirely prevent the development of disease. It is our business to tell him this, and to tell it clearly and distinctly. It is also our business to use medicines and measures of a positively acting character to accomplish that which will ordinarily admit of little delay. All the short-cuts possible should be employed. A radical change in his habits of life must commonly be made. Most men protest against any abrupt change of habits or mode of living that is inconvenient, expensive or troublesome. They obstruct you constantly by means of weak ex-

cuses and petitions for delay. Such men usually throw away every life-plank held out to them and drift away to death, through sheer lack of will to stand up and make a manly fight for life. No doctor can do much for his patient who can not think and act positively in a matter of such grave importance. He must not only think and do himself, but make his patient think and act. Hesitation on the part of the physician, and procrastination and delay on the part of the patient, may mean death to the latter individual, while the employment of promptly-acting measures for relief may mean improved general health and many years of life. The general health of the individual should be built up if possible. A weak heart should receive support and perhaps gentle stimulation. An overacting, irregular heart should be regulated. A patient with such a heart should avoid stimulants as a rule.

As an organ it is overtaxing itself, and what is worse, it is over-charging with blood and straining the perhaps already weakened vessels of the brain. The subject should retire at a regular hour each night and obtain from eight to ten hours of sleep. When there is reason to suspect a change in the cerebral arteries, the patient should habitually sleep with the head high. The force of the heart's impulse upon the vessels of the brain is thus lessened, the quantity of arterial blood in that organ diminished, while the venous blood is permitted to flow away from the brain more easily. This is a simple and effective way of regulating the cerebral circulation. The patient should eat at regular hours. His food should be substantial, non-stimulating, and eaten slowly. He should never eat to repletion, but rather leave the table a little hungry. He should never think of business while eating. His stomach needs a surplus of blood to digest the food, and cannot afford at such a time to divide with the brain. Our patient should never get angry, certainly not during or immediately after a meal. A violent fit of anger and a full stomach will kill most men with weakened cerebral arteries who are past sixty years of age. Business worry should be stopped, no matter what the cost. Straining or lifting should be strictly avoided, as also bending of the body or neck. Moderate

exercise should be taken every day. A man threatened with apoplexy should be moderate in everything, and, as far as physical exercise is concerned, slow to the extent of being positively lazy. As a remedial agent, electricity stands at the head.—*Periscope*.

College Notes.

IS your Thesis handed in?

No more cushion throwing.

"LET it be remembered that the physician is Nature's servant, not her master."—*Flint*.

NOT a marriage to report this issue. Although we *might* speak of some that will occur very shortly.

MAYOR BECKWITH, of Paterson, New Jersey, has appointed Dr. T. Y. Kinne, a homœopathist, to membership in the local board of health.

DR. R. B. SULLIVAN, '75, now located in Albany, but formerly of Baldwinsville, N. Y., called at the college recently. Every number of THE CHIRONIAN has visited him thus far.

As far as we have been able to learn our college stands alone in being the headquarters of a Tobogganing Club. Any further particulars may be obtained by addressing the President.

OUR beloved Professor of Surgery, Dr. Helmuth, was lately elected honorary Professor of Surgery to the Hahnemann Medical College of San Francisco.

DR. E. L. WYMAN, '75, located at Factory Point, Vermont, is at present burnishing up a little at his *Alma Mater*, and also attending lectures at the Polyclinic.

DR. F. H. BOYNTON, '74, who has made the study of the eye and ear a specialty for a number of years, has been elected a Senior Surgeon to the Ophthalmic Hospital.

THREE out of the four men chosen to represent the Class of '86 in different ways at the Commencement exercises were from the staff of CHIRONIAN editors.

PROFESSOR: "Tell me what is the action of Pulsatilla on the eye."

Student: "It produces ophthalmia neonatorum, sir."

DR. ARTHUR KENNEY, '84, who held the position of Resident Physician in the Dispensary until last spring, was in from Somerville, New Jersey, where he is now practicing, a short time since. The boys all gave him a hearty welcome.

THE Committee on Music have succeeded in finding a large amount of talent that had been modestly hidden from view, and will appropriate it all for the general good of the Society and College.

PROF. ARCULARIUS gave the concluding lecture of his special course on Dermatology, January 26th. The Doctor has given the lectures with his usual vim, and illustrated them with an unusual amount of clinical material.

DR. C. P. HOPPER, '83, who has held the position of Resident Pharmacist to the New York Ophthalmic Hospital for a number of years, has resigned, and G. M. Smith, '87, has been appointed in his place, with Vanderwerker, '88, as his assistant.

OUR well-known lecturer, Prof. S. H. Talcott, addressed the General Society of Mechanics and Tradesmen of the City of New York at Steinway Hall, February 4, 1886. The subject of the Doctor's lecture was "The Brain, its Uses and Abuses."

PROF. BEEBE, who was invited by the Committee of Arrangements to deliver the address at the annual exercises of the Hahnemannian Society, has consented to do so. The committee showed good taste in their selection. With such a speaker and so pleasant a meeting place as the University Club Theatre, the exercises ought to be more than usually enjoyable.

MRS. PARTINGTON having left her son Isaac home to watch the fire-escape, came with her daughter Nancy to Prof. Helmuth's clinic a short time ago. Nancy had fallen down stairs a few days before, and Mrs. P. had anointed the contused part with some "liniment, sor."

Prof. H.: "What kind of liniment was this?"

Mrs. P.: "And it was some I kape in the house—some *pneumonia liniment*, sor."

THE project to have a group-picture taken in the ampitheatre, with each man in his own seat, meets with general favor among the members of the Senior Class. Such a picture would be a pleasant souvenir of the place in which so many battles have been lost and won. It is proposed that the "Toboggan Club" be taken seated on their "steed."

ON Wednesday, January 20th, nearly all of the students went up to the Ward's Island Hospital for the usual monthly clinic. The subject for the day was "Diseases of the Breasts and the Operations." Two breasts were removed in patients. The boys thoroughly enjoy these afternoons. The trip to and from the Island takes some little time, but many take along their note-books and *Materia Medica* cards.

Class of Eighty-eight.

January 26, 1886.

MEETING was called to order at 1:05 P.M., with President Platt in the chair.

Mr. E. S. Smith handed in the following resolutions, which were read by the Secretary:

Resolved, That it is the desire of the Class of '88 that the schedule of lectures for the coming year shall be so arranged that the lectures on Anatomy and *Materia Medica* shall not conflict.

Resolved, That the President of the class and two others whom he shall select be appointed a Committee to wait on the Dean and present this request.

The above resolutions were adopted.

President Platt appointed Mr. E. S. Smith and Mr. J. P. Fletcher to act with him as a Committee. The meeting was then adjourned.

W. H. HAVILAND, *Secretary*.

THE Homœopathic Medical Society of the State of New York will meet on February 9th and 10th at Albany. The papers announced to be read will be "Treatment of Chorea," Prof. S. Lilienthal, M.D.; "Dulcamara as a Remedy in Catarrh of the Middle Ear," W. P. Fowler, M.D., '72; "Tissue Remedies in Diseases of the Ear," Prof. H. C. Houghton, M.D.; "Management of the Third Stage in Labor," E. H.

Wolcott, M.D., '81; "Urethral Stricture of Large Calibre," J. M. Lee, M.D., '62; "Oedema of Lungs and Pleuritic Effusions," W. C. Latimer, M.D., '81; "Dropsy from Anæmia," W. M. Decker, M.D., '76; "Oedema Glottidis," A. S. Couch, M.D.; "the Value of Ovarian Pathology in Etiology of Mammary Neoplasms," H. I. Ostrom, M.D., '73; "Tracheotomy in Diphtheritic Laryngitis with Post-operative Treatment," J. D. Spencer, M.D., '78; "Conjunctivitis Trachomatosa," W. N. Bell, M.D., '82; "Phlyctenular Ophthalmia," A. G. Warner, M.D., '83; "Clinical Cases," A. B. Norton, M.D., '81, and a number of other interesting papers. Eleven applicants will be voted upon for membership, among them L. A. Bull, M.D., '81; C. E. Campbell, M.D., '84; A. M. Gamman, M.D., '76; A. B. Norton, M.D., '81; H. I. Ostrom, M.D., '73; E. H. Wolcott, M.D., '81.

Prof. H. F. Biggar, A.M., M.D., will deliver an address on "Medical Progress."

THE New York Society for Medico-Scientific Investigation, founded in June, 1883, by a few of the younger members of the Homœopathic School, deserves more than a passing notice. The object of the society, as indicated by its title, is original investigation in medicine and correlated sciences. Its membership has increased from ten to thirty-five members. By no means the least important feature of the society is its library. This now embraces in round numbers:

800 bound volumes,
1,200 unbound volumes,
1,000 pamphlets.

There are also forty journals current on file, contributed by the publishers or by members. It is hoped that some plan of co-operation may soon be reached whereby the students may have the benefit of the library.

The officers elected at the last annual meeting are:

President, SIDNEY F. WILCOX, '80;
Vice-President, S. H. VEHS�AGE, '79;
Secretary, MALCOLM LEAL, '79;
Treasurer, C. S. MACY, '81;
Librarian, ALTON G. WARNER, '83.

THE CHIRONIAN

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THE CHIRONIAN will be sent until ordered discontinued.

IN another column we print a letter received from a gentleman of the Junior class. We presume that the sentiments it contains will be echoed by a majority of that class. As a document of especial interest to the next Board of Editors we would respectfully call their attention to it. The matter is certainly one of importance, and there is an abundance of argument on both sides. Of course no change can be made this year, if at all.

THE State Society meeting held in Albany, February 9th and 10th, was a session of great interest. The new president is Dr. H. C. Houghton, our professor of otology. We congratulate Prof. Houghton on the receipt of this deserved honor. Prof. Allen is Chairman of the Bureau of Materia Medica, and other of our professors have similar appointments. The full list of officers will be found in another department.

OUR allopathic brethren, damaged by repeated defeats and wearying of open and disastrous warfare, have resorted to a flanking movement by which they hope to finally conquer homœopathy. The new system of therapeutics has made such marvellous progress that its success can only be consistent with the absolute truth of its theory and correctness of its practice. Direct attacks on homœopathy have failed. Opposition and persecution have only hastened its growth. For over a hundred years the dominant school has sneered at and vilified homœopathy. Brought at last to a realizing sense of its great blunder, it attempts to maintain an impossible consistency by shifting its ground. It no longer attacks homœopathy, but devotes its energies to rediscover it. Hahnemann in 1796 urged the proving of medicines upon persons in health. Sidney Rénger in his Therapeutics does the same to-day. But this method of ascertaining the curative power of drugs leads inevitably to the homœopathic law of cure. So this once despised and hated method is rediscovered and brought forward by our allopathic brethren as something peculiarly their own. At the May meeting last year of the Académie de Médecine de Paris Dr. Murrell was awarded the Berber prize for his "discovery" of nitro-glycerine as a remedy for angina pectoris. But Hering in 1846 had shown it to be a remedy "useful in some cases of angina pectoris," and the same year that Dr. Murrell made his wonderful "discovery" Kafka stated that he had been giving nitro-glycerine for several years together with belladonna in the disease referred to. Sepia has also been "discovered" to be useful in migraine. These be the signs of the time. What more could one ask than that a system of drug-proving on the healthy should be adopted by the old school? It is the very way to establish the truth of homœopathy. The old school then, finding it no longer pays to sneer at homœopathy, and,

knowing it impossible to deny it, have betaken themselves to a vigorous rediscovery of it. Homœopaths have done little but watch this flanking movement as yet. But it is time some action was taken. The homœopathic lamb is not yet ready to lie down inside of the allopathic tiger.

THE success of quacks and quackery is founded upon the fact that the people believe that specifics exist which will cure every and any disease which humanity is heir to. This is an age of quacks. Their vile nostrums are vigorously thrust under the noses of a credulous public. Their nauseating advertisements meet the eye at every point. Houses and walls are plastered over, fences disfigured, rocks and even mountains made hideous. The street cars are lined with the placards setting forth the merits of some patent remedy. This growth of quackery creates an impression hostile to the medical art, and fosters and incites belief in the assertions of charlatans and secret specifics. It is a duty which every physician owes to his profession to instruct the laity on matters pertaining to medicine and medical men. They should be taught that reputable physicians do not advertise themselves or their special merits, do not promise a cure for so much pay, and do not by any means believe that any drug or combination of drugs or any one system of treatment relieves all diseases. They should also know that there are some diseases for which there are no infallible cures, and that other diseases can only be cured under certain conditions. They should know that any advertisement of a specific should immediately be regarded with the utmost suspicion. The religious press, it has been suggested, might help the good work along by publishing a few counter advertisements in their columns to offset the foul mess which some of them weekly and monthly force upon their helpless readers. Verily "he who eats with the devil must needs sup with a long spoon," and we hope our brethren of the religious press have a handle long enough to enable them to sup with safety and ease.

Materia Medica.

Drug Classification.

IN a previous issue of the CHIRONIAN we promised its readers a classification of the drugs of our materia medica.

This grouping is intended as an aid to the student in learning and systematizing the remedies he will use.

If the drugs be given at random, a far greater effort of abstract memory is required for their mastery than when arranged in groups, based upon their physiological action. Hence the following tables are submitted, not as theoretically perfect groupings, but as an effort to bring order out of chaos, and afford a rational basis for drug comparisons. Physiological action is taken as the groundwork of our arrangement, for by a clear appreciation of this the symptomatology becomes comparatively easy.

To group each drug under all its varied sphere of action would entail such repetition as to completely defeat our object—that of giving an outline or brief scheme which may furnish hints for more complete study hereafter. So each drug, with few exceptions, is mentioned but once, and that under its most prominent sphere of action, and where related to other groups such relationship is brought out in the lectures.

The clinical advantage of such a plan lies in the fact that at the bedside a given disease before us at once calls to mind a certain group of drugs, which then may be differentiated by the symptoms of the patient.

TISSUE REMEDIES.—This group includes all the alkalies, compounds of Sodium, Potassium, Barium, Magnesium, etc., the Mercurials, Oshos, Hepar, Aurum, Tellurium, Ferrum, Plumbum, Phyto, Iodine, the organic acids, especially Acetic and Fluoric and all the snake poisons.

CEREBRAL IRRITANTS.—Bell., Hyos., Stram., Cicuta, Hellebore, Zinc, Cham., Coffea, Cann. indica and Alcohol.

Of these, Bell. has the most marked and active cerebral congestion. Stram. has less congestion

but more delirium, while Hyos. stand midway between Bell. and Stram. in both respects.

Cicuta has no great congestion, but through irritating the cerebro-spinal system it causes violent, long-lasting and rapidly recurring convulsions, the functions of the brain are paralyzed and consciousness is lost.

Hellebore and zinc are related in their actions, but the former causes more profound disturbance and is useful after zinc has done its work.

Coffea and chamomilla are analogous, for in each there is irritability of the special senses and of the brain, with keen nervous hyperæsthetic conditions generally.

Cannabis indica is much like opium, although cannabis is more marked in its primary (excitant) action, and opium has its more characteristic manifestation in the secondary (depressant) stage. Alcohol primarily a stimulant, secondarily a depressant.

CEREBRAL DEPRESSANTS.—Phosphoric acid, Opium, Absynth.

SPINAL OR CORD EXCITANTS.—Strychnine and its allied alkaloids, Nux Vomica, Ignatia, Agaricus, Cimicifuga, Jaborandi, Picric Acid and Hypericum.

All of these spinal irritants affect chiefly the motor nerves.

In the Strychnine group is found intense reflex irritability, centering in the gray matter of the cord.

Agaricus has posterior spinal irritation and spinal anæmia, while its action on the brain resembles that of Opium, Cannabis and Alcohol.

Hypericum.—Hyperæsthesia of sensory nerves at their periphery.

Its action is seated in the posterior portion of spinal cord and cerebrum.

Jaborandi has powerful excito-motor properties, shown by increased secretions, especially of the salivary and sudoriferous glands.

Picric acid causes primarily intense irritation of the cord, prominently its lower part, shown by sexual irritation. This is followed by profound depression, vital exhaustion, and even general anæmia.

SPINAL DEPRESSANTS.—Alumina, Gels. Conium, Cocculus, Prussic Acid and Laurocerasus.

IRRITANT TO THE GENERAL NERVOUS SYSTEM.—Asafoetida, Moschus, Valeriana, Nux Moschata and Cuprum.

GASTRIC INTESTINAL IRRITANT.—(a) Especially gastric—Ipecac. Abies nigra, Authusa, Ant. and Bismuth, Carbo. Veg. (b) Especially intestinal—Verat. V. and Album, Arsenic, Sulphur, Aloe, Podo, Arg. nitricum, Lyc. Nitric Ac., Muriatic Acid, Sulphuric Acid, Dioscoria, Colocynthis, Gambegia, Jatropha, Jalopa, Rheum, Croton Tiglium, Capsicum and Mag. Corb.

RHEUMATIC GROUP.—Clematis, Actea, Bryonia, Rhododendron, Ruta, Rhus, Dulc. Pulsatilla, Guaiacum, Caulo. Colch., Ranunculus, Anacardium, Benz. Ac. and Salic. Ac.

FEVER GROUP.—Aconite, China, Eupatorium Camphor, Baptisia, Rhus. Ailanthus, Cedron, Sabadilla, Aranea.

RESPIRATORY TRACT.—Both catarrhal and neurotic, including the nasopharyngeal and bronchial tissues.—Wyethia, alium cepa, arum tri., Euphrasia, Sticta, Rumex. Squilla Sambucus, Lobelia, Senega, Asclepias, Spongia, Iodine, Bromine, Chlorine, Drosera, Corallium rubrum, Coccus cacti and Stannum.

CARDIAC AND PNEUMOGASTRIC.—Digitalis, Apocynum, Covalaria, Cactus, Spigelia, Kalmia, Glonoine, Amyl nitrite, Ant. tart., and Tabacum.

POSTAL GROUP.—Aloe, Hydrastis, chel. Berberis, Iris V., Leptandria, Sang., Sarcocolla, Pods., Sulph. and Collinsonia.

RENAL GROUP.—(a) Inflammatory—Apis, Arsenic, Canth., Terebinth, Uran, Nitrate. (b) Functional—Juniper, the Nitrates, Asparagus, Plantago and Lupulin.

BLADDER AND URINARY.—Buchu, Uva ursi, Pariera, China phillia and Copaiva.

FEMALE SEXUAL.—Lil. tig., Sepia, Murex, Palladium, Borax, Helonias, Caulo., Cimic. Creosote, Platinum.

MALE SEXUAL.—Agnus C., Selenium.

HEMORRHAGIC GROUP.—Secale, Sebina, Milfolium, Ustilago, Trillium, Cinnamon, Hamamelis, Ipec. and Phos.

SKIN GROUP.—Graphites, Viola, Petroleum, Thuja, Oleander and Urtica.

ANTHELMINTIC.—Cina, Teucoeum, Mar. ver., etc.

Belladonna.

(ATROPA BELLADONNA, DEADLY NIGHTSHADE.)

BY H. M. HOBART, M.D., CHICAGO.

A TINCTURE is prepared from the fresh plant, at blooming, in the usual way.

Belladonna has, for centuries, been known as a dangerous plant, and classed among *narcotics* or *cerebral stimulants*.

Hahnemann gave careful attention to the pathogenic effects of belladonna, so that as early as 1830 he published a list of 1,440 symptoms obtained from his own provings and other sources.

Since then much work has been done in improving belladonna and its alkaloid, atropia.

In this drug we have an excellent illustration of the fruitfulness of the Hahnemannian method of studying medicines as compared with the others that have been used. A method that classes belladonna as a *narcotic, sedative* or *nerve stimulant* indicates that it may be of value in certain forms of pain and spasm.

But when we become acquainted with its individual characteristics we find that no general classification can exhibit its action; that the symptoms produced by it show that it affects almost every part of the human organism.

The range for its successful use is of course equally general and varied. Thus in the hands of Hahnemann and his followers it soon became one of the most often employed medicines.

The action of belladonna on the system is so general and so complex that to analyze it is well nigh impossible.

Belladonna acts upon every part of the nervous system. It affects the sensorium so profoundly that delirium, illusions, exaltations, mania and stupor are the most common manifestations of poisoning by belladonna. It produces heat of the head, redness of the face and eyes, throbbing of the carotids, a full, hard, bounding and tolerably frequent pulse. The special senses are stimulated and their functions are perverted. Tonic and clonic spasms are produced in the voluntary muscular system. Its influence upon

the involuntary muscular fibres is seen by the dilation of the iris, relaxation or unusual rigidity of the sphincters, palpitation of the heart, etc.

The skin and mucous membranes are so deeply affected by belladonna that the sub-cutaneous and sub-mucous cellular tissues are inflamed. The skin becomes intensely hot, with a smooth, shining, red surface—very similar to one form of scarlet fever and non-vesicular erysipelas. In fact, belladonna affects chiefly the skin and mucous membranes of the mouth, throat, eyes and genito-urinary organs.

The nervous system in every branch, and the muscular system to a large extent, are affected by belladonna.

The digestive organs are not much affected; neither are the serous and osseous and fibrous tissues.

The glands are deeply affected—as shown by its effect upon the ovaries, parotid and lymphatic glands. The bladder, the uterus and the lining membrane of the rectum may be structurally changed.

CHARACTERISTICS.

MENTAL SYMPTOMS.

Confusion of head, violent delirium, constant desire to spring out of bed, loss of consciousness (compares with hyos., stramon., agar.).

BRAIN AND NERVOUS SYSTEM.

Intense pressing headache, aggravated by noise, motion, contact, etc. (compare with bry. and cim.).

Violent jerking and throbbing headache, at every step a jolt downward as if a weight were in the occiput—frequently obliged to stand still in walking, the pain in head so violent.

Rush of blood to the head (compare with ferr., etc.), injected eyes.

Pulsation in arteries—throbbing in brain (compare glon., etc.).

The mass of head symptoms relate to the forehead, orbits and temples. The right orbit and supra-orbital region are especially affected.

The pains cease occasionally only to return with greater severity. The pain in the forehead

is usually from within out, is aggravated by lying down, motion and open air, and relieved by bending backward.

Head is so sensitive externally that the least contact gives pain, but is relieved by strong pressure. Complaints from taking cold after cutting the hair are relieved by belladonna.

EYES AND EARS.

Eyes protruding, sparkling; pupils dilated, staring look (compare hyos., æthusa, etc.).

Eyes red, swollen, distorted (compare stram.).

Great intolerance of light (compare sulph., merc., etc.).

Dilated, immovable pupils (compare with hyos., ap. stram., etc.).

Double vision, objects distorted (compare aur., cim., gels., etc.).

Intolerance of noise (compare acon.).

Tearing at the internal and external ear (compare puls., merc., cham.).

Great sensitiveness of smell; all senses more acute (compare with hyos., stramon., coffea, cinch.).

Pain in small of the back as if it would break (aloes, nux, cim., etc.).

Pain in thighs and legs as if beaten; convulsive motions of limbs or face (compare with agaricus, ignatia, cim.).

Face swollen, red and hot (compare acon., stram.).

DIGESTIVE SYSTEM.

Dryness of mouth, tongue and throat, which interferes with speech and deglutition (not relieved by water, but for a time by sugar.)

Sore throat; fauces and pharynx of deep red.

Painful distension and pressure in abdomen, aggravated by the least jar.

Altered secretion and spasmodic action of the bowels.

Paralysis of the sphincter, or involuntary stools (compare hyos., arsen.).

URINARY AND SEXUAL ORGANS.

Retention of urine, which passes only drop by drop (compare aconite, canth.).

Involuntary micturition (compare ars., hyos.).

All sphinctures are affected by belladonna.

There may be spasmodic contraction or relaxation, as seen above.

Great pressing downward in the genitals, as if the contents of the abdomen would protrude through the vulva (compares with sepia, lil. tig.). Ovaritis.

Menses too early and too profuse.

Belladonna is often curative in dysmenorrhea. The pains are paroxysmal and intolerable in character, and *precede* the menstrual flows from twelve to twenty-four hours.

RESPIRATORY ORGANS.

Voice husky and hoarse, and a dry cough from dryness of the larynx (phos.).

Dry, spasmodic (or hollow, hoarse) cough, worse at night, and by lying down (compare dros., hyos.).

ORGANS OF CIRCULATION.

Violent palpitation of the heart (compare with ars., spig., sulph., verat.).

Throbbing of the carotid and temporal arteries (glon.).

Pulse full, bounding, frequent (acon.).

Skin smooth; scarlet redness of the surface of the whole body.

Erysipelatous inflammation (compare acon., apis, rhus).

The character of belladonna pains are *throbbing*. Throbbing of the blood-vessels is a marked feature of belladonna, occurring in the head and whole body simultaneously. The pains gradually increase and become intolerable, then *suddenly* decline and reappear elsewhere.

Painful spots, sore on *gentle* pressure, yet tolerating firm pressure, as in ovaritis, neuralgia, etc.

Pains aggravated in afternoon, and after midnight, by motion, from draught of air, sudden changes in temperature, from heat of sun. (Warm room and quiet ameliorate.)

Belladonna deserves great consideration at the beginning of acute inflammatory diseases, and at different stages of chronic disease, depending upon the symptoms present.

Accordingly it may be employed in acute cutaneous diseases; in measles, erysipelas, one form of scarlatina, etc.; in inflammatory swelling

of glandular organs, as hepatitis ; in inflammations of the tongue, palate, pharynx, and also of the testicles and spermatic cord. In ophthalmia and otitis ; in inflammation of the brain and spinal marrows and their surrounding membranes ; in catarrh of the air-passages ; cough and hoarseness, etc. ; in neuralgia ; in whooping-cough and other spasmodic conditions connected with inflammatory symptoms ; in chorea ; during dentition, with excessive irritation and sensibility of the senses.

Duration of action of belladonna is from a few hours to weeks, according to the size of the dose.

Dose.—Good results are obtained from both high and low potencies. Both must be employed in order to obtain the fullest effects of the drug.

Belladonna is usually employed in the medium or low potencies ; though most excellent results are obtained from the high potencies, especially in delirium, mania, hydrocephalous, ophthalmia, apoplexy, congestion of the brain, etc.

—*Selection.*

Surgery.

Hospital Clinic at Ward's Island.

HELD JANUARY 20, 1886, BY PROF. HELMUTH. REPORTED BY JAS. FREER, M.D., HOUSE SURGEON.

THE cases selected for this clinic were two cases of mammary tumor, of which the following is the history :

Case first : Mrs. B., æt. forty-six. This patient was admitted into the Hospital January 7, 1886, complaining of "cancer" of the breast. She presented a cachectic and overworked appearance, but her strength was unimpaired, and her appetite good. Examination revealed a growth having a vertical diameter of five, and a transverse diameter of three and one-half inches, occupying the upper portion of the right mammary gland, and the upper and internal portion of the infra clavicular region, and extending upwards to within two inches of the clavicle and

laterally from the right border of the sternum. The tumor was elevated to the height of from an inch to an inch and a half above the surrounding structures ; it had a very turgid appearance, was uneven on the surface, the central portion being excavated by degeneration, and was of an intensely bad odor. It was quite firm in texture and firmly attached to the underlying tissues. There was considerable glandular enlargement in the axilla and in the lower portion of the posterior triangle of the neck.

No evidences of hereditary taint could be obtained. She stated that some more than a year ago she received a hard blow on her breast which gave rise to severe pains and was followed by an extravasation of blood. A few weeks subsequently to this injury she noticed a small painless lump forming on her breast. The growth of this was rapid, resisting utterly all attempts to control it, and in a few months it had attained to the size of a small orange. About six months ago while at work she accidentally inflicted a severe blow upon this, which gave rise to a hemorrhage, during which, no means being employed to arrest it, she lost a large quantity of blood ; from the date of this injury the growth of the tumor was more rapid and was accompanied by frequent hemorrhages. At this time also pain, which previously had been absent, set in and was of a sharp, burning, excruciating character. This condition continued and obtained at the time of her admission at this institution, where she expressed a desire to have the tumor removed. Prof. Helmuth saw the case, and rendered a diagnosis of scirrhus cancer, and decided that an operation would be beneficial. Accordingly she was brought before the class in the hospital amphitheatre and the growth removed by Prof. Helmuth, assisted by members of the House staff. By the aid of a calcium light all were enabled to see clearly each step of the operation.

An incision was made in the healthy tissues surrounding the diseased mass, the vascularity of which baffled the efforts of the assistants to entirely control the hemorrhage. The tumor was so deeply seated that a portion of the pectoralis major muscle had to be removed with it.

A moment only was employed in its removal, but a much longer time was spent in ligating the bleeding vessels, which, owing to the tenseness of the tissues, was very difficult. All bleeding having finally been stopped by ligatures and compresses, the margins of the wound were drawn as closely together as possible by button sutures and an antiseptic dressing applied, after which the patient was removed to give place to the next one.

Case second: Susan M——, æt. forty-five. This woman had been under our treatment for Adenoma of the right breast for about two months and was intended for operation at an earlier date, but she experienced so much relief from internal medication that she became unwilling; the onset of the pains again made her desirous of relief by surgical means.

Her tumor likewise had existed about a year, and followed a blow on the gland.

It commenced as a small lump and grew gradually, attaining its maximum size in about six months; at the end of this time also some pain and tenderness were developed; the pain was sharp and excruciating.

At this time she commenced to poultice it, under which, after a short period, an opening was formed; a slight discharge of sanguineous pus occurred, and though the opening remained, the quantity of discharge was very small. From this time the growth remained stationary, the pain and tenderness being increased.

The above indicates her condition when she first came under our treatment at the hospital.

Conium was administered and the improvement above alluded to took place, the pain and tenderness diminished and the opening almost closed, but she suffered a subsequent exacerbation and a new opening formed. Having been anæsthetised she was placed upon the table.

The surface having been cleansed by a solution of iodoform, the integument was drawn tense by an assistant and a circular incision made around the tumor, including the nipple; the incision was then continued, the knife being closely followed by sponges to prevent hemorrhage. After a few moments of careful dissection it was removed, very little blood being lost.

After the bleeding vessels had been secured by ligatures the lips of the wound were approximated by button sutures and a drainage tube put in, then the edges were carefully united by an interrupted catgut suture. The part being thoroughly cleansed an antiseptic dressing was applied and the patient returned to her bed.

Over two weeks have now elapsed since the clinic and both cases are in an excellent condition and recovery is going on rapidly.

Surgical Clinic at the College.

CASE 1.—The first patient who presented himself to the Clinic was a man suffering from a large swelling on the index finger. It had given him considerable pain during the past week, and at a glance Prof. Helmuth pronounced it a paronychia, and believing the bone to be affected, made an incision through the periosteum, and with the use of a probe verified his belief. The patient was advised to apply a flaxseed poultice and change it every three hours.

CASE 2.—A child had received a fall which produced a green-stick fracture of the radius. Splints and a bandage was applied, and the mother advised to return with the child in two weeks.

CASE 3.—Mrs. McD. exhibited herself, suffering from a cystic degeneration of the breast. A large cyst had formed and ruptured. It was still discharging a little, but was gradually improving under homœopathic medication. There appeared two small nodules at the side of the breast, which were of a rather suspicious nature, and Prof. Helmuth advised their removal, but the patient objected. Calc. Carb. was given.

CASE 4.—A patient with an enlarged bursa of the wrist joint, caused by straining the ligaments attached to the joint. Regarding the various methods of treating such injuries Prof. Helmuth believed the seton was the best, especially in this case. A seton was therefore applied, to be taken out as soon as suppuration had set in, then pressure was to be made, by the use of a small, thin piece of lead, covered with chamois skin, held by a bandage.

P. S.—Patient returned cured one week later.

CASE 5.—J. M., æt. forty-one years, employed in the engine-room of a steamship for the past twenty-one years, was suffering from the troubles peculiar to people following such occupations, occasioned by the incessant heat, and the injudicious drinking of cold water when in such a heated condition. His health had been good, but nine years ago he contracted the Chagres fever, and since then his constitution has become gradually weakened and at present is suffering from a deteriorated condition of the blood, with external manifestation of lymphatic swelling on the foot and hand. Prof. Helmuth prescribed Arsenicum 3d, a small powder to be taken four times a day. Also cod-liver oil, a tablespoonful night and morning, and advised him to drink a glass of hot water, half an hour before each meal, to stimulate the follicles of the digestive tract, and thus assist the process of digestion. Plenty of rare meat was advised as a diet.

CASE 6.—Harry D., aged 10 years, had a fall last August, striking on the inferior maxillary bone producing a growth that developed into an abscess, which was poulticed and discharged. The inflammation extended over the side of the neck to the lower portion of the ear. He was sent here by a physician who had been giving him Silicea and Iodine internally, which failed to effect a cure. Prof. Helmuth found an enlargement of all the glands of the neck on the affected side, and prescribed Calc. Carb. 2 x five grain powder, to be taken night and morning, with weekly intermissions, and call again in five months. He advised the continuance of the drug for a year and a half, and dwelt with some emphasis upon the necessity and advisability of continuing a drug when accurately prescribed, until the limit of its beneficial action has been reached.

CASE 7.—This was a young lady with a tumor under the tongue, which proved to be a Ranula; that is, a small, soft, fluctuating and semi-transparent tumor, which forms under the tongue, due to the obstruction of the ducts of Rivini. The contents of these cysts is viscid and resembles the white of an egg. This case had been treated by other surgeons in various ways without success, the tumor recurring after each operation.

A needle was threaded with a double thread, which was pass through at the base of the tumor and tied on either side.

CASE 8.—P. Fitzgerald, æt. forty-five years, was undergoing the annoyance attendant upon an enlarged scrotum. He received a strain about one year ago. Two weeks later the scrotum began to enlarge and caused considerable discomfort. He called at a neighboring allopathic institution and was there informed that he was suffering from a hernia in the scrotum, and in view of such a condition was advised to wear a truss, which he accordingly did, and not receiving any benefit from it called at the College Clinic. Prof. Helmuth made an examination, calling attention to the points of differential diagnosis of hernia and hydrocele, and rendered as the diagnosis in this case an accumulation of fluid in the turica-vaginalis. A trocar and canula was then introduced and the fluid withdrawn, occasioning great relief as experienced by the patient. He was advised to return in three weeks, when the sac would again be emptied, and the operation for the radical cure of hydrocele performed.

Obstetrics.

The Obstetric Forceps.

ITS HISTORY AND PRESENT STATUS IN OPERATIVE MIDWIFERY. BY PROF. L. L. DANFORTH.

MANY of the most sacred interests of mankind in this world, domestic and physical, depend upon the proper performance of the function of parturition. Labor is a physiological process, and in the majority of instances terminates without other assistance than that which the powers of Nature bestows upon it. Notwithstanding this fact, since the world began women have been observed who have been unable for one reason or another to complete the function which the penalty of their sex inflicts upon them. Unfortunately, not all possess the facility in accomplishment which characterized

the Hebrew women of old, who, according to the account in Exodus, "are not as the Egyptian women, for they are lively, and are delivered ere the midwives come in unto them." The exigencies of the parturient process have, from remote times, compelled those who were in attendance upon the sufferer, as professional midwives or as sympathizers in a common lot, to seek some means whereby the perils which threaten her existence should at least be mitigated, and, if possible, entirely overcome. Progress in medical and surgical art, like progress in all departments of the arts and sciences, and in all the enterprises which have engaged the attention of mankind, has been accomplished by slow degrees; little by little the advancement has been made; opposition and prejudice have met the advocate of new theories and new practices; but truth and correct principles have prevailed, and we stand to-day, with reference to the various obstetric procedures, and preëminently the forceps operations, in an attitude as unlike that of fifty, forty, or even twenty years ago as the instruments of the present time are unlike those of centuries ago.

The history of the operations which had for their object the forcible extraction of the foetus, in cases of otherwise impossible delivery, is of very ancient origin, and it is possible that it antedates by hundreds of years any authentic accounts which we now possess. It is not within the scope of this lecture to consider the cruel and inhuman methods which marked the practice of the ancients, and yet it may not be out of place to refer briefly, for the sake of comparison, to the principles which governed them in their midwifery operations. The writings of Hippocrates, who lived in the fifth century before Christ, Aetius in the fourth and fifth centuries after Christ, Paul of Egineta in the seventh century (who, by the way, was the first male practitioner of midwifery), and the Arabian writers in the eleventh and twelfth centuries, all coincide in the opinion that the sole object of their endeavors should be to extract the foetus in any way—by turning, when that is possible, traction hooks in the eyes or mouth or chin, first opening the head and then crushing it, or by dismember-

ing the child. All the instruments were designed with these various objects in view, and it is quite certain that the viability of the child was not always considered a barrier to the performance of the required operation. It was deemed better that the child should die than that the mother should succumb, and they knew no way to relieve her from the dilemma in which they found her, except by recourse to the violent means which have been mentioned.

The first account we have of any instrument which could be called an obstetric forceps is contained in the writings of the Arabian philosopher and physician, Avicenna, who lived about the tenth century. The nature of the instrument used at that time can only be conjectured from what we know of those which were described at a later period. Albucasis, another Arabian surgeon, who lived toward the end of the eleventh or the beginning of the twelfth century, gives drawings of barbarous instruments which were intended to be used as cranioclasts; there were two styles, the short and long forceps. The former was called the *Misdach* and the latter the *Almisdach*. These instruments were intended to obviate the necessity for the fearfully destructive operations of the earlier periods; but it is difficult to understand how their use could have been fraught with any great benefit to the child, for the blades were long and sharp, and provided with projecting teeth on the internal surface which must have had a terribly destructive influence on the head and face of the child. Crude as these instruments were, all knowledge of them had been lost by the sixteenth century, and reintroduction became a necessity. Rueffe, of Zurich, in 1554, describes forceps with a beaked extremity and another pair perfectly smooth, both of which were made with a common fixed joint, "so that both blades must necessarily be introduced at the same time, and consequently they were useless, from the difficulty of their application"; furthermore, Rueffe lays no claim to be the inventor of any of these instruments. They were selected from the surgeons' armamentarium of that period, and it is impossible from their design that they could ever have been used for the extraction of the foetal head, except it

had been first broken up with crushing instruments.

The improved instruments which we now possess have, by a gradual process of evolution and development, grown out of the short forceps, with double fenestrated blades, a single curve, separable, and capable of being introduced singly*—an instrument which, with its improvements, has perhaps saved more lives than all other instruments of surgery combined. The history of the introduction of the midwifery forceps is considered of so much importance and interest that all systematic writers on Obstetrics consider it necessary when they reach the description of these instruments to give a sketch of the family whose name is so intimately associated with this event. The name of Chamberlen is indissolubly connected with the introduction of the forceps. The memorials now accessible to the student, through the researches of J. H. Aveling, M.D., F.R.S., and published three years since under the title of "The Chamberlen and the Midwifery Forceps," prove irresistibly that the honor belongs to this family. Unfortunately for the historian, much confusion has prevailed on account of there being several members with the same name. In the successive generations there were three Peters and two Hughs, and to bestow the honor of the invention upon the right person was a duty which no one took the trouble to perform. With reference to this point Aveling writes: "I have no hesitation in stating that all these biographical essays, including previous attempts of my owns, are more or less incorrect—no matter how trustworthy in other respects the authors may be." Aveling's essay "endeavors to point out which of the Chamberlens was the originator of this most beneficent of instruments and to show that the member of the family now most commonly looked upon as the inventor has no right to the honor."

To Peter Chamberlen the honor is usually attributed, but to which one of the three is the question. William Chamberlen, a Huguenot refugee, fled from Paris to Southampton, Eng-

land, on the eve of St. Bartholomew's Day, 1569. With him went his wife and three children; among them was one son, Peter. "Three years later another son was born, and to the confusion of all biographers who have written upon the Chamberlens, he was named Peter. There were, therefore, two brothers called Peter, the elder and younger." Both followed their father's profession, and became physicians. The latter left a son whom he also called Peter, born in 1601. The annals show that all possessed special skill in the practice of midwifery. The last of the Peters, the son of Peter the younger, is known in history as Dr. Peter Chamberlen, and to him is usually accorded the honor of the invention in question. "But the conclusion has been arrived at upon insufficient grounds, for the evidence supplied by existing 'Memorials' unmistakably suggests that he, like his descendants, received his knowledge of the midwifery forceps from his father." That the secret was communicated to Dr. Peter Chamberlen from his father we have his own evidence to attest, for he says: "Fame begot me envy and secret enemies, which mightily increased when my father added to me the knowledge of deliveries." "The father being Peter the younger, the next question to decide is which of the brothers deserves the honor of the invention." A line in Smellie's *Midwifery*, which had escaped attention previously, came to Aveling, as he says, "like a welcome flash of light in hopeless darkness, and, as completely as it is ever likely to be, cleared up the mystery." In speaking of the instrument used by the Chamberlens, he adds: "And said to be contrived by the Uncle." "The Uncle" can mean no other person than Peter Chamberlen, senior. As far, therefore, as can be determined by existing evidence, Peter Chamberlen, senior, may, with almost absolute certainty, have the honor conferred upon him of being the inventor of the midwifery forceps. The original instruments used by these brothers and the son were found in the residence once occupied by Dr. Peter Chamberlen at Woodham Mortimer Hall, England, in June, 1813, concealed in a closet, and under a trap-door in the floor over the entrance porch. There were three pairs of forceps with other instru-

* Ramsbotham, p. 608.

ments. The account of the Chamberlens cannot be disposed of without a reference to a few historical facts, and mention of the successive generations of the family. Peter the elder died in 1631, and Peter the younger in 1626. Dr. Peter Chamberlen died in 1683. He left three sons, Hugh, senior, Paul and John, all practitioners of midwifery and possessed of the family secret. Hugh, junior, was the eldest son of Hugh, senior. He was born in 1664, was educated at Trinity College, Cambridge, and died in 1728. The Duke of Buckingham erected a magnificent cenotaph in Westminster Abbey to this Dr. Chamberlen. He was the last of the ancient family of that name who practiced midwifery in the kingdom. Fortunately for mankind, the secret of the Chamberlens did not die with the last of the race. At the time of the death of Hugh, junior, in 1728, the forceps were generally known; indeed "Drinkwater," according to Cazeaux, "who practiced the art of midwifery from 1668 to 1728 made use of instruments which, if we may judge from the description given of them by Johnson, closely resembled those employed by the Chamberlens." Chapman, in 1733, published an account of the midwifery forceps. At that time he writes: "I must observe that as there are several different sorts of forceps, so they are all far from being equally proper, and great regard is to be had to their form."

It is well known that after the secret of the Chamberlens was made public the forceps came into very general use. Fielding Ould writes in 1742: "The best adapted instrument is the large forceps which is in use all over Europe." The publication in 1752 of Smellie's famous "Treatise on Midwifery" was the inauguration of a new era in the art. At this time also Levret, in France, and Smellie, in England, were each nearly simultaneously possessed with the idea that the powers of the forceps would be greatly magnified by accommodating the shape of the blades to the form and direction of the pelvic axis. The original Chamberlen instrument was straight, and therefore only applicable when the head was low down in the excavation and close to the perineum. Levret and Smellie endeavored

to render the forceps capable of being applied to the head when still above the superior strait, and to that end gave the blades a curve in the direction of their long axis, thus affecting the introduction of the design, upon which all subsequent patterns have been based—the instrument with the cephalic and pelvic curve. Smellie also promulgated the clearest directions for using the forceps "on rational and mechanical principles." His teachings were far in advance of any of his predecessors. But the tide of popular opinion which set in after the forceps became generally known was destined to rise above the limit of utility and wisdom. It is beyond question that the forceps were greatly abused in both English and foreign practice at this time. One Continental accoucheur boasted of 800, and another of 1,200 instrumental deliveries, and history informs us that the same state of practice existed in England. As a result of this wholesale employment of the forceps, a severe reaction soon set in. One of the most bitter opponents of the instrument was the anonymous author of a furious diatribe against the employment of men in midwifery practice, entitled "The Present State of Midwifery Considered," and published in 1772. He says: "This instrument (the forceps) was for some time in the possession of a few practitioners only, nor has it been publicly known above forty years. But as soon as it was made public, it is surprising with what avidity it was adopted, inasmuch that, for the first twenty years, the whole study of the men midwives was how to new-model and improve its form and make, to delineate the various methods of using it, and to demonstrate in what variety of situations and positions of the child it might be serviceable, till they by degrees found out that there could hardly occur a case in midwifery but where the forceps might be used to advantage. I can hardly, therefore, fancy myself exceedingly presumptuous if I declare the forceps to be quite as useless to women in labor as either the blunt hook or fillet. But I must beg leave to go still a little further upon this head, and observe that this is not only a useless, but also a very pernicious instrument, for by hastening delivery before the parts are properly distended by the natural pains and strainings of

the mother, such dreadful lacerations are made, both internally and externally, as must frequently prove fatal, or at best the source of much inconvenience and misery to the unfortunate woman who has been the subject of such practices."

With reference to the tirade against the employment of men in midwifery practice, it may be interesting to observe, that during the lifetime of the first Chamberlens, and for centuries previously, the practice of midwifery was in the hands of women. In 1634, Dr. Peter Chamberlen attempted to secure the enactment of a law, "concerning the making of midwives a Corporation, and himself to be the Governor of it." But the midwives protested, and would not submit themselves unto the regulations which he sought to impose. They therefore petitioned to the "Right Worshipful the President of the College of Physicians within the City of London"—"that there is not such a necessity of dependence upon the said Dr. Chamberlen, more than upon any other physicians whom these petitioners do desire to be free and at liberty to make use of, in all occasions requisite for their advice and help, as well as of Dr. Chamberlen, who for aught as they can discern by his carriage would monopolize the whole practice among child-bearing women, being a young man, to the disparagement of all other physicians, and the enslaving of your petitioners." The protest of the midwives was undoubtedly incited by jealousy and fear, for in his reply to the accusations of those physicians and midwives who had so bitterly condemned his project, entitled "A voice in Rhama: or, The Crie of Women and Children," he shows their motives and justifies the position which he assumed. The men midwives were inveighed against from other sources than the anonymous communication already mentioned. The following complaint appeared in a London journal. It was entitled "The Petition of the Unborn Babies, to the Censors of the Royal College of Physicians." The babies lay this charge *inter alia* against Drs. Pocus, Maulus and others. "That, if we cannot leave our Dwellings and make our Appearance as soon as is Expected, either from the Unwieldyness of our Gates, or by means of any other obstacle requiring Time for its Re-

moval, or if through fear of the Cruelties commonly exercised by said Pocus, Maulus, and their Confederates, your Petitioners are unwilling to leave their Habitations, the said Pocus, Maulus, and their Confederates, being present, charge your Petitioners with a Riot tending to the Murder of our Mothers: for which crime we are forthwith drag'd out of our Habitations by Hooks, Pincers, and other bloody Instruments, whereby we are sometimes most miserably torn and bruised, and at other times our Heads are so squeezed that we are ever after subject to Fits and Convulsions, unless (as by God's goodness it often happens) we die under the Operation. And in case of any of the least Resistance, whether on our part, or from the Nature and Situation of our Habitations, we are sentenced to Death as guilty of Rebellion, and, in consequence of such sentence, we are sometimes beheaded, and at other times our Brains are torn out by Instruments wickedly contrived for that purpose. Or, if your Petitioners happen to put an Arm out of Doors, whether in our own Defense, or to feel our way, the said Pocus, Maulus, and their Confederates, immediately cut off such Arm as high as they can reach, by which means your Petitioners bleed to Death in great misery and torture."

The popular reaction which followed such an onslaught as this was aided by the great authority of such men as Messrs. Hunter, Osborne, Denman and others. Osborne* says: "There never was an instrument invented more ingenious in the original contrivance, more simple in the structure, better adapted or more capable to overcome every possible resistance, to answer every beneficent intention and to guard against every possible injury either to mother or child." He then goes on to lay down rules for their use which absolutely neutralizes all this, and which are nothing less than barbarous. Among these principles it is forbidden to use the instruments until the living power of the whole body, or *vis vitæ* are greatly reduced, and not irrecoverably exhausted, one of the symptoms being "Continued cessation of labor pains for several hours at the end of the third or fourth day."

* *Essays on Practical Midwifery*, 1795.

Denman, in 1794, says: "It has long been established as a general rule in this country, that the use of instruments of any kind ought not to be allowed in the practice of midwifery, from any motives of eligibility. Whoever will give himself time to consider the possible mistakes and want of skill in young practitioners, and the instances of presumption in those who by experience have acquired dexterity, will be strongly impressed with the sense of the propriety of this rule, as well as from the general reason of the thing. But when from any cause the parent becomes unequal to the expulsion of the child, the assistance of art, by whatever means it can be afforded, is justifiable by necessity; because without such assistance the parent would die undelivered, and with her life that of the child would be inevitably lost. Yet it behooveth every person who may use instruments in the practice of midwifery to be well convinced of this necessity before they are used and to be extremely careful in their use that he does not create new evils, or aggravate those which may be existing."

This author then goes on to say that "it would be absurd to defer the use of the instruments till the child was dead and the mother in a state not of apprehended, but of real danger." * * * "Still it must not be forgotten that in labors of long continuance there will often be an abatement or even a temporary cessation of pains, without an apparent reason, or alarming symptom;" furthermore, "cessation of the pains, which is the consequence of long continued, fruitless action, and of great debility, is to be considered as the only justification of the use of the forceps."

*Blundell (1842): "If you must err then take my advice and err rather by the neglect or rejection of instruments than by their too frequent use; for the cases in which you may use instruments without need are as numerous as the cases that fall under your care, with exception of the few—very few—in which these weapons are really required."

In view of all the precautions which were thrown about the employment of the forceps,

and the limited field to which, by the teachings and practice of these men, they were restricted, it is not surprising that these instruments fell into disuse. The authority of the men who wrote against the forceps was so absolute that for a period of nearly forty years the forceps were practically banished from midwifery practice. During Dr. Clarke's Mastership of the Dublin Lying-in Hospital, from 1786 to 1793, there were 10,387 women delivered, and the forceps were employed only 14 times, or once in 742 cases. Labatt, in the same institution, from 1815 to 1822, records 21,867 births, and the forceps does not appear to have been used in a single instance. Collins, from 1826 to 1833, used the forceps in 24 cases out of a total of 16,654, or once in 691. Ramsbotham in his own practice employed the forceps once in 729 cases. I need not multiply instances of their infrequent use. The practice and precepts of Smellie were forgotten or carried no weight, and the teachings of Baudelocque, and later of Naegele, on the mechanism of labor, were either unknown or unheeded. *Professor Barker says: "If we search for the reasons why our great obstetricians in English literature had such a horror of the forceps, I think it will be found chiefly in the three following facts:

"1st. They were ignorant of the mechanism of labor. * * *

"2d. While they greatly exaggerated the danger to the mother and the child from the use of the forceps, they did not recognize the danger which results to both from prolonged labor.

"3d. They confounded the difficulty and skill demanded in their use in the comparatively few cases where they are required, when the head is at or above the superior strait, as being equally true in the many cases where we now use the instrument when the head is low in the pelvic cavity or at the outlet."

In striking contrast with the employment of the forceps in English practice is the history of their use on the Continent. Contemporary with

* Barker. "Obstetric forceps, with a description and demonstration of Tamier's new instrument." *Am. Jour. of Ob.*, vol. xl., p. 1.

* p. 321.

the celebrated English and Irish accoucheurs already mentioned was Naegele, who in 1818 (after Solayres and Baudelocque) promulgated the principles of the mechanism of labor which has revolutionized the teaching and practice of midwifery throughout the world. In consonance with the correct principles entertained by Naegele do we find his practice with reference to the use of the forceps more in accord with the teaching of the present time, and correspondingly unlike that of his Anglican contemporaries.

Naegele employed the forceps once in thirty-one cases, and Siebold, of Berlin, one in seven.

In England the tide of opinion began to turn once more as the result of the practice in the Rotunda Hospital, under Shekelton. From 1847 to 1854 the forceps were used on an average of once in about sixty-two cases.

(To be continued.)

Pædiology.

THERE have been recently under treatment by members of the senior class the following cases of children's diseases:

Broncho-pneumonia, by F. A. Faust and J. A. Stutz.

Follicular tonsillitis and adenitis cervicalis, by L. A. Martin and W. P. Manaton.

Chicken-pox, by J. T. Gill and W. E. Thorpe.

Pertussis, two cases, by G. W. Lewis.

Croup, by Robert Benedix.

Bronchitis, by F. A. Faust and J. W. Telford.

Bronchitis, by W. U. Reynolds.

Spondylitis, by W. P. Wentworth.

Bronchitis, by F. W. Van Alstyne and W. Griswold.

Malaria, by W. T. Hudson and W. U. Reynolds.

Bronchitis, by J. W. and G. B. Dowling.

College Notes.

“IS senile atresia congenital?”

“WE are all teachers. * * * The greatest enemy of our race is a teacher of falsehoods.”

A SPECIAL ward for the treatment of children's diseases has been recently opened in the Hahne-mann Hospital.

DR. C. H. DUNNING, special instructor in the laboratory course, who has been confined for some weeks past with cerebro-spinal meningitis, is still very low.

WE suggest that, as one part of the Hahne-mannian Exercises, there be a “Peanut rush” by the Senior Class, similar to the one indulged in a short time since.

GOOD ADVICE.—“Clear out the sand of worry from the bearings of your nature, use the oil of peacefulness, and little friction will result in your life's onward journey.”

A FEW Seniors were absent from lectures the other day, and upon inquiry we found they were being examined by Prof. Wright in Sanitary Science. We understand all were successful.

THE publishers of the *Medical Era* sent a sample copy of the journal to each member of the Senior Class recently, and the next day a club was formed among our men. The paper speaks for itself.

DR. MARY E. GRADY, a graduate of the New York Medical College and Hospital for Women, in 1884, and now located at 436 Monroe street, Brooklyn, is attending the special course of studies in the Ophthalmic Hospital.

THE Class of '88 has been heard from. Apparently tired of waiting for the Middle Class they have decided to hold their First Annual Banquet at A. Riccadonna's, 42 Union square, March 5, 1886. We wish them a pleasant time.

THE question of “where are you going to locate” would seem to be an easy matter to decide, considering our hospital and dispensary appointments, and the numbers of choice openings offered from different places throughout the country.

THE members of the Middle Class who have not heard of the fact before are hereby informed that *Materia Medica* will henceforth be considered as a part of their studies, as far as the quizzes are concerned, “just as much as the Seniors.”

ALREADY the annual agony hath arrived when it becometh necessary for the studious Senior to change his necktie, array his manly form in his Sunday clothes, and call on Garber, the class photographer, who useth the same instrument that withstood the attack made by the Class of '85. Hence we know the machine to be of unusually good material.

ALREADY a swarm of men who wish to invest no money in advertising, but at the same time secure our trade in medical books and instruments, are on hand with their goods. In reply, we say that our advertising columns contain the names of firms where the best combination of *quality* and *cheapness* can be obtained, and with these firms the majority of our men will trade.

DR. S. F. WILCOX has concluded that portion of his lectures on practical surgery in which the applications of bandages, dressing of wounds, antiseptic surgery, etc., has been illustrated, and January 23d gave the first demonstration upon the cadaver. Before the end of the year every student in the class will have a chance to show his ability to "cut" before a critical but sympathizing audience.

OCCASIONALLY we see a group of Middle Men engaged in an animated discussion, and on enquiring the cause invariably find that they are discussing the question of a class supper. Now, we are editorially not inclined to giving puffs, but feel that we can offer them no better advice than this: Firstly, *have* a supper by all means; and, secondly, find out from some Senior where they have been when they have had their best times—and go and do likewise.

PROF. ST. CLAIR SMITH recently related an amusing account of a case that would have furnished an anti-vaccinationist with a strong weapon. A babe had been vaccinated, and in about a week was covered with a peculiar eruption which did not disappear under careful treatment. The doctor suspected the probable cause of this very unusual proceeding, but upon communicating his opinion to the family he was met with a cyclone of denials. His diagnosis was fortunately soon confirmed by the discovery in the lacework of the infant's crib of a healthy,

business-like community of those lively little insects commonly known as bedbugs. The child recovered—the b. b. did n't.

Hahnemannian Society.

February 10, 1886.

MEETING called to order at 7:30 by President Smoot.

In absence of the Secretary the President appointed Mr. W. B. Winchell Secretary pro tem.

Two new members signed the constitution.

Roll call.

Minutes of preceding meeting read and accepted.

Papers were read on the following subjects: "History and Science of Homœopathy," by Mr. E. B. Witte, '86; "Therapeutics of different Schools of Medicine," by Mr. E. D. Fitch, '87, and "Gonorrhœa," by Mr. G. B. Dowling, '86.

Mr. A. C. Stewart, '87, told how he became a homœopath and gave some incidents of personal experience. His remarks were received enthusiastically.

The election of Quiz-masters resulted in the reëlection of the present incumbents.

Mr. Russell, '87, moved a vote of thanks be tendered the gentlemen who had read papers. Carried.

President Smoot of the Committee on Arrangements reported that Professor Beebe will deliver the annual address before the society.

Mr. Keeler of Committee on Music reported progress.

Mr. Hudson of Committee on Printing reported progress.

Mr. Stacy of Committee on Diplomas reported that the price would be \$1.10 if forty were taken. Moved and seconded that Committee on Diplomas be empowered to order the diplomas at the above price. Carried.

Mr. Bartholomew of Committee on Sunday Lectures reported that Professor Helmuth declined to lecture this year.

The committee appointed to furnish music at the society meeting reported inability to do so on the present occasion.

It was moved and carried that Committee on

Printing be instructed to have the society's monogram engraved at the head of the invitations to the Annual Exercises.

Informal reading of minutes.

Roll call.

Adjournment.

W. B. WINCHELL,
Secretary pro tem.

Officers Elected at State Society,

HELD AT ALBANY, FEBRUARY 9TH, 1886.

PRES., Dr. Henry C. Houghton, of N. Y.; 1st Vice-Pres., Dr. F. Park Lewis, of Buffalo; 2d Vice-Pres., Dr. Titus L. Brown, of Binghamton; 3d Vice-Pres., Dr. E. W. Bryan, of Corning; Secretary, Dr. H. M. Dayfoot, of Rochester; Treasurer, Dr. E. S. Coburn, of Troy.

Censors.—Northern district, Drs. A. W. Holden, S. J. Pearsall, W. T. Laird; southern district, Drs. F. E. Doughty, E. Hasbrouck, A. B. Norton; middle district, Drs. M. O. Terry, George E. Gorham, F. L. Vincent; western district, Drs. A. S. Couch, N. Asborn, E. H. Wolcott.

Chairmen of bureaus were designated as follows:

Materia Medica, Dr. T. F. Allen; Clinical Medicine, Dr. H. L. Waldo; Obstetrics, Dr. E. G. Hasbrouck; Gynæcology, Dr. A. R. Wright; Mental and Nervous Diseases, Dr. S. Lilenthal; Ophthalmology, Dr. C. F. Sterling; Otology, Dr. Wm. P. Fowler; Laryngology, Dr. Geo. M. Dillow; Histology, Dr. Chas. McDowell; Climatology, Dr. H. M. Pain; Pædology, Dr. Gertrude Bishop; Surgery, Dr. Thomas D. Spencer; Vital Statistics, Dr. Titus L. Brown; Micrologist, Dr. A. W. Holden.

The September meeting is to be held at Niagara Falls.

Correspondence.

41 WEST TWENTY-SIXTH STREET, }
NEW YORK, Feb. 2, 1886. }

EDITOR CHIRONIAN:

THE following letter of invitation I copied from "The Medical Age," Detroit, Michi-

gan, some seven or eight years ago. It is quite a literary curiosity, and suspicion points to *our* Dr. H. D. Paine as the writer. If *he* did not write it, it is, at least, good enough to have emanated from his pen.

Sincerely yours,

E. L. WYMAN.

SCIENS, SOCIALITE, SOBRIETE.

DOCTORS:

DUCUM nex Mundi nitu Paynes; triticum ait. Expecto meta fumen ta te and eta bita pi. Super attento, uno. Duxhamor clam pati, sum parates, ices, jam, etc. Sideror hoc. Anser.

FESTO REASON, FLOAS SOLE.

MR. EDITORS:

GENTLEMEN—Surely if there be one thing in a free country more clear than another it is that any of the people may speak openly to the people.

Now, I would most respectfully inquire if the CHIRONIAN, being—as I understand—a college paper, should with all due legality of form, take upon herself such an honored name, and be run by two classes, with the exclusion of the other, which is only in the embryonic state, however. I believe that it is not lacking for the want of power, if rightly used, to be of valuable service to those who so ably carry it on at present, which is printed for the advancement of Homœopathic principles, as well as keeping up the good feeling which now exists between the three classes, which go to make up the New York Homœopathic Medical College.

Therefore, gentlemen, I claim that in my opinion if the Junior Class was recognized, by having one of its members placed upon the staff of the CHIRONIAN, to report from time to time the news of that class, it would not only prove a help to those upon the governing staff, but would be the means of bringing about a better feeling, and certainly a much deeper interest would be manifested among the Junior Class.

A MEMBER OF CLASS OF '88.

THE CHIRONIAN

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THE CHIRONIAN.

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The editors are not responsible for opinions of contributors. Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

WE print in another place a communication from the General Secretary of the American Institute of Homœopathy in regard to the next annual session. Saratoga, the selected place of meeting, is most suitable for such a convention. For the Eastern members of the Institute it possesses the merit of convenience and easy accessibility. It is to be hoped that many who are not now connected with this great national body will forward their applications for membership at once. Much good can be accomplished by such an organization, but it goes without saying that its influence increases in direct proportion to the number of active members.

The objects of the American Institute are too well known and to highly esteemed to need any explanation or endorsement from us.

ABOUT this time of the year the country doctor who wishes to remove to the city, the city doctor who desires to go to the country, and the doctor who has failed to gain a livelihood, each and all become desirous of dis-

posing of their practices. They wish to convert their "good will," their office furniture and their residence, if they have one, into hard cash, and the new graduate is the man expected to perform the transformation. Our bulletin board becomes completely covered with offers of all sorts, and they overflow onto the walls, the doors and the casings and litter the floors. The question that agitates the mind of a prospective graduate of '86 is just how much to take for granted and what to investigate. Many of these offers are bona fide and worth thinking of, but probably some are snares.

WITH each passing day the end draws nearer. Few and short are the weeks that remain of this session. In a little while we shall be engaged in a desperate hand-to-hand struggle with the faculty and censors. For three years we have been looking forward with undisguised pleasure to the success we hope will follow our efforts then. But as the time draws on the pleasure with which we have looked forward is lost and swallowed up for the time being in an overwhelming sense of regret that the jolly fun, the quiet rivalry for standing, and the pleasant companionships of college life are so nearly at an end. While we do not wish to shirk the responsibilities of active life, it is with considerable shakyness of the knees that some of us contemplate the future. It is one of the peculiarities of the constitution of the human mind that it does not often receive the fullest impression of a pleasurable sensation until about to be deprived of it. We have scarcely realized how much of thorough enjoyment we were getting out of our college course until now. And now the end of it all is upon us.

INTOLERANCE of the beliefs of others is either because of ignorance and mental incapacity or is the result of wilful and persistent

refusal to allow competent investigation. Active partisanship is generally joined with bigotry. That this is so is owing to the insufficient grounds upon which belief is founded. If the premises are erroneous the conclusions will inevitably be misleading. If the evidence be not duly and truly weighed and sifted the verdict will be a perversion of justice. To judge on insufficient evidence or to nourish belief by suppressing doubts and avoiding investigation is criminal. The question of right and wrong has to do with the origin of belief, not the matter of it; not what it was, but how it was obtained; not whether it turns out to be true or false, but whether the belief was justified by the evidence presented. Men may sincerely and conscientiously believe certain things and yet have no right to believe on such evidence as is before them. Their sincere convictions, instead of being acquired by patient investigation, are stolen from them by prejudice and passion. No man, holding a strong belief on one side of a question—or even wishing to hold a belief on one side—can investigate it with such fairness and completeness as if he were really in doubt and unbiased; so that the existence of a belief not founded on fair inquiry unfits a man for the performance of this necessary duty. As religion has suffered through the misdirected efforts of zealots and fanatics, so medicine has been cursed with extremists and bigots. Prejudice is their guide and counselor and vilification their sole weapon of defense. Encased in a triple mail of self-conceit, they pose as the sole depositories of medical truth. The search for truth is abandoned in vainly endeavoring to sustain their untenable position. In other words, egotism reigns. We commend to these gentry the famous aphorism of Coleridge: "He who begins by loving Christianity better than Truth, will proceed by loving his own sect or church better than Christianity, and end in loving himself better than all." To even attempt to argue with these ranters is folly—to notice them is to give them too much honor. But a good God, it may be remembered, has promised to reward the fool. Intolerance disfigures the pages of medical journals. Little men ape departed greatness, dis-

honor the school which shelters them and impose upon the credulous. Nor does the credulous man escape all blame in the matter of beliefs. The credulous man is father to the liar and the cheat; he lives in the bosom of his family, and it is no marvel if he should become even as they are. Inquiry into the evidence of a doctrine is not to be made once for all, and then taken as finally settled. It is never lawful to stifle a doubt—for either it can be honestly answered by means of the inquiry already made, or else it proves that the inquiry was not complete. Whoever would deserve well of his fellows will guard well the purity of his belief, and believe only upon good and sufficient evidence.

Materia Medica.

THERE is still prevalent to a limited extent the idea that Homœopathy is not to be relied upon except in mild cases of disease.

This is seen most frequently in country practice, especially where our system of medicine is not represented by a strong and vigorous man. If these weak and yielding men of our own belief could be crowded to the wall and smother their influence in their merited defeat, perhaps no one would regret their fall.

People think that medicine cures, and they reason that the more medicine, the more rapid and satisfactory the cure.

Indeed, the doctor's ability is often measured by the amount of medicine he arranges in order before his patient.

Now, it would seem that larger doses are contra-indicated in just those extreme cases where people are so apt to think that nothing is being done unless a large amount of medicine is given.

When the vital forces are nearly extinct, when they have feeble hold of the body, a sudden and violent reinforcement is prone to tip the balance fatally.

The amount of resisting power in the body at a given time depends upon the amount of vitality of the natural forces at that time in the economy,

and if in a case of extreme exhaustion too much even of the truly appropriate drug is given, the weakened forces are overpowered in their efforts to dispose of it, and they abandon the attempt in despair. And who can say that nature alone would not have *stood* against the disease if an extra burden had not been cast upon her?

If, on the other hand, the remedy had been given cautiously and in small amounts the forces of life, not being extinguished by a deluge of aids, would be strengthened and their capacity for stimulation and help increased and soon the processes of life would go on unaided.

Every drug taken produces its peculiar effect; it causes its drug disease, with which the economy must wage war. Each administered medicinal substance may act on its chosen class of tissues either as a defensive or an offensive agent—defensive if the tissue has undergone change by morbid influence, offensive or destructive if the tissues are normal; so the persistent giving of drugs or the giving of large doses, while seemingly simple, may be a matter of no mean importance.

Men of all schools are coming to the conclusion that too much medicine has been given.

Prominent old school operators now declare a 1-2000 sol. of corrosive mercury too strong for liberal use as a wash to cleanse a wound, stating that it often causes severe enteritis. Prescriptions ordered now by allopaths, instead of containing 150 different ingredients, as formerly, are more simple, and the tendency is to give antidotal substances, or, at least, to give more of the vehicle and less of the drug.

Physicians are coming to realize that drugs cannot take the place of nature, that medicines without nature are of no avail, and that remedies to be of service must act in union with the vital forces.

Certain physicians of our school, who are eminently successful, claim that only one remedy is needed at any certain time in the course of a disease. They believe that by a careful study of materia medica a drug can be chosen which more clearly than any other shall represent the totality of the symptoms presenting.

The men who prescribe after this manner are

men who have entered exhaustively into the study of drugs, and having arrived at a positive knowledge of what medicines will do, dislike to alternate, but prefer to make a careful prescription and change it only as the symptoms change. On the other hand, there are men perhaps equally successful, equally conscientious and with vast experience, who take the ground that two drugs may be indicated at the same time in the progress of disease.

Their opinion is founded upon the belief that two distinct diseases may occur in the body together, that the pathology and symptomatology of these diseases differ, and therefore they demand treatment adapted to each.

It is further held that two drugs can work side by side in the body, each doing its characteristic work.

This method of applying drugs, well brought out, entails careful and critical study, for pathology must be considered, it must be decided that two distinct morbid processes are in the system, and finally only the indicated remedies are to be given.

This method does not tolerate random alternation, it does not countenance shiftless mixing of drugs, born of stupidity or laziness, but it demands that two drugs shall be given, not because the prescriber is unable to decide which is indicated the more, but because there are two distinct spheres of action for the drugs.

Now, whether we believe that simply one drug should be given, only changing the remedy as the symptoms change, or whether alternation seems more applicable in certain cases, let us learn to be conscientious prescribers, let us remember that *nothing* is better than the wrong drug, let us leave the halls of our college with zeal for investigation, with a determination to *work* and a worthy ambition to stand in the front ranks of our profession. In this way only will medicine, with us, be a success, and in this way will our system of medicine command the respect of all.

"In intermittent fever do not try to kill the germs, but remove the symptoms and let nature remove the germs." T. F. ALLEN.

Surgery.

Hahnemann Hospital.

BY E. B. WITTE.

SINCE the time that Hahnemann forsook the old-school system of medicine; or since the time he was ostracized from the medical society of Germany and launched upon a new sea of medical adventure; since the time he discovered and established a new system of therapeutics—a war of bitter antagonism and reproach has been waged against him and his school. The bitterness of the attack, and the scorn with which Hahnemann and his followers are held by allopathists, is only equaled by their ignorance of his teachings. This storm of fury against the homœopathic system of therapeutics has somewhat subsided however, and the wild billows of contempt have been broken against the firm rock of scientific truth. But not content with this unsuccessful endeavor to crush Homœopathy, our old-school brethren have changed their tactics and, in an obloquious manner, charge that there is no surgery in the homœopathic school. Here, again, they will meet with bitter disappointment, as the homœopathists are strongly fortified by a brilliant array of eminently successful surgeons, who stand without peers in any school of medicine. The homœopathic school has not only a large number of excellent surgeons, but has many well-conducted hospitals. The most prominent one of these, and the one with which we are best acquainted, is the Hahnemann Hospital of New York City. This hospital building is situated on the corner of Sixty-eighth street and Madison avenue. It is a beautiful brick structure with brown stone trimmings. This institution is capable of accommodating about one hundred patients. It is fitted up with an excellent library, parlors and dining-rooms, and everything that will conduce to the pleasure of patients and their more rapid recovery. Through the energy of the efficient house surgeon, Dr. F. S. Fulton, and the coöperation of the excellent board of managers, great improvements have lately been made in

various ways about the premises. The operating room has been equipped with a large number of new instruments and a very neat instrument cabinet. The facilities for antiseptic treatment have been greatly increased—and, indeed, the arrangement for antiseptic irrigation cannot be excelled in any hospital. Four large glass flasks, filled with different carbolic acid and chloride of mercury solutions, are situated above and in front of the operating table; and a very convenient and ingenious arrangement for elevating and lowering the irrigating tubes during an operation is employed, which also suspends them out of the way when not in use. The operating room is one of the largest and, we doubt not, one of the best equipped, in the country.

A novel and interesting feature in this hospital is the provision recently made for the treatment of children. There has been started a children's ward, which, when completed, will be one of the most attractive wards ever opened for unfortunate little ones. Already a number of children have been brought for treatment, and one was brought across the continent from Washington Territory to avail herself of the skill of our professor of surgery.

At the side of the main hospital building has been built a beautiful little ovarian cottage. This is the only institution of the kind in the world, and owes its existence to the energy and liberality of Prof. Wm. Tod Helmuth. This little cottage is designed particularly for ovarian operations and the care of the patient after the operation. It is a bright, cheerful and comfortable little cottage, replete in every department. The operating room is well nigh as complete as the one in the general hospital. Since the erection and completion of this building a large number of ovariectomies have been performed, and, we believe, every case recovered. This hospital is almost exclusively devoted to surgical work, and the success of the operations performed is simply wonderful. The following from the report of Dr. Fulton, the House Surgeon, will give some idea of the work done at this institution:

"Though during the summer and early fall there is much less surgery done than at any other time in the year,

still from the beginning of July to the middle of October there have been over forty operations performed, of which the following is a list: Ovariectomies, 3; for laceration of cervix uteri, 5; for laceration of perineum, 2; urethrotomy, internal, 2; urethrotomy, external, 1; fistula in ano, 1; ischio-rectal abscess with fistula, 1; hare lip, 1; epiplocele (scrotal), radical cure by excision of the omentum and sewing stump into external abdominal ring, 1; direct inguinal hernia, radical cure by cutting down on ring and stitching edges together, 1; direct inguinal hernia, Heatonian method, 1; complete laceration of recto-vaginal septum, 1; excision of lower jaw for endothelial sarcoma, 1; rectal ulcer, 2; tracheotomy, 1; epithelioma of lower lip, 1; compound fracture of both bones of fore-arm, 2; phymosis, congenital, 1; thoracentesis, 3; ankylosis of both knees, 1; amputation of thigh, middle third, 1; amputation of finger, 1; application of plaster-of-Paris jackets, 2; hydrocele, 1; amputation of breast, 4."

The great satisfaction in these operations is, that every patient upon whom any of the above operations were performed left the hospital cured, except one, upon whom thoracentesis was performed, and who died of pyæmia. No better results could possibly follow surgical practice, taking into consideration the magnitude of some of the operations.

The surgical staff of the hospital comprises some of the most skillful surgeons in the United States. Prominent among them are Prof. Wm. Tod Helmuth, Prof. F. E. Doughty and Prof. S. F. Wilcox, of our college. The other surgeons may be equally eminent, but the writer is not so well acquainted with them. In the face of these facts not a few old-school physicians have the audacity to charge that there are no surgeons in the homœopathic school, and that no surgery is taught in their colleges. But in contradiction to these charges let me state (not knowing as to other homœopathic colleges), that the advantages given the students of the New York Homœopathic College are equal to any college in the country. Through the indefatigable efforts of Prof. Helmuth to give the students every opportunity to lay a good foundation for surgical knowledge, the class is taken every month to Ward's Island Hospital to witness capital operations by himself. The class is also divided into sections of ten who visit the Hahnemann Hospital for the same purpose. These great advantages, together with the superior course of lec-

tures and the large clinics at the college, should give the students as good a knowledge of surgery as they could obtain at any allopathic college in the country. And now, for the benefit of our old-school brethren, who charge that there are no surgeons in the homœopathic school, I would like to say that a few years ago I read in a medical journal that Prof. Wm. Tod Helmuth had done more for surgery than any other one man in America.

Surgical Clinic at the College.

CASE 1.—Lizzie Steel, æt. four years, was brought to the clinic with total loss of power in one leg. She fell from a high chair when nine months old. Her parents did not recognize the effect of the fall until one year afterward, when she evinced some weakness in the limb. She was then taken to a physician, who prescribed some palliative treatment, and the patient gradually became worse, until at present the case is almost hopeless. Prof. Helmuth made an examination, and noticed the affected leg was considerably atrophied, also the power of motion was lost, with eversion of the foot. He rendered a diagnosis of fracture of the neck of the femur, with injury to the sciatic nerve, causing paralysis of the leg. A splint was ordered. Prof. Helmuth thought that by rubbing with alcohol, and the application of electricity, the limb might be restored to a slight degree of usefulness.

CASE 2.—Child six months old, presented an enlarged scrotum. On examining the case, a diagnosis of reducible-inguinal hernia was rendered, caused, no doubt, by the straining coincident with the constipation to which the child was subject. Cal. carb. was prescribed for the presenting symptoms, and the mother advised to obtain a proper truss for the child, and return in one week.

CASE 3.—Patient, æt. forty years, gave the following history connected with his case. He has been employed as waiter and cook, and was in the habit of tasting flavoring extracts, spices, etc., and judging of their palatable qualities; he also had indulged in smoking. There

was no hereditary taint in his constitution. The object of his visiting the clinic was to have his tongue examined. Prof. Helmuth found a deep ulceration in the anterior portion of his tongue with infiltration on the under surface, which the patient said first appeared in the form of pimples eighteen years ago. The diagnosis of ulcerating epithelioma was made, and its removal advised. In the meantime, while allowing the patient to cogitate over the matter of an amputation, iod. pot. was prescribed; a small powder to be taken three times a day. The Professor then gave an explanation of the different methods employed by surgeons in removing the whole or portions of the tongue.

CASE 4.—James B., æt. fifty years, complained of a very tender lip, which originated about three years ago. He had been an inveterate smoker, and for treatment had made several applications of vaseline and court plaster. Prof. Helmuth noticed beneath the integument covering the vermillion portion of the lip a few small, round tumors resembling shot, and rendered a diagnosis of epithelioma, and advised its removal, to which the patient gladly gave his consent. He was accordingly placed on the operating table, and properly anæsthetized. A v-shaped incision, embracing the whole mass, was made through the integument and underlying tissue; and having removed the affected portion, the parts were brought together with hair-lip pins and the figure of eight suture, and the patient removed.

CASE 5.—John M., æt. sixty-two years, while following his avocation, which is paper-hanging, fell from the scaffold two weeks ago, striking on his shoulder, which caused considerable pain. He applied iodine to the injury, which gave him some relief, and not fully establishing the normal relation and condition of the parts, called upon Prof. Helmuth, who diagnosed the case as an intra-capsular fracture of the humerus, and advised the proper treatment in such cases, calling especial attention to the means of elevating the shoulder.

CASE 6.—John T., æt. forty years, showed an enlargement of the neck. The neoplasm has been growing gradually for the past three years

until it is now about the size of an orange. It causes no pain, but gives quite a little inconvenience. Prof. Helmuth diagnosed the growth as a chronic enlargement of the thyroid gland, technically arrayed in medical literature as goitre or Derbyshire neck. He mentioned other tumors of the neck which might be mistaken for goitre, but the latter may be readily diagnosed by directing the patient to imitate the act of swallowing, and if the tumor follows the motion of the larynx and trachea, and at the same time occupies the natural situation of the thyroid gland, there can be very little doubt of its nature. He also gave a brief but excellent discourse on the nature and different methods of treatment in such cases. Perhaps it would be well to mention the treatment resorted to in India by the natives, where the disease is so common. A person so affected applies a salve composed of the red iodide of mercury and lard, one drachm to the ounce, over the affected gland. He then covers his head with a cool cloth, and exposes the tumor to the rays of the sun, which causes considerable blistering, but eradicates the disease. Prof. Helmuth has treated a number of cases in a similar manner, substituting the heat arising from a kitchen range instead of the sun's rays, with marked success. The treatment in this case, considering Iodine as having a specific action on them, was to paint the part with the compound tincture of Iodine, and take three gts. of the 2 dil. of Iodine in a tablespoonful of water three times a day, and advised to return in two weeks.

CASE 7.—Wm. R. presented an enlarged and inflamed index finger, which was causing considerable pain. From the appearance and symptoms Prof. Helmuth diagnosed it a paronychia, and accordingly an incision was made to the bone and with the use of the probe, the bone was found to be affected. The patient was advised to apply a poultice and change it once in three hours, with Cal. Carb. administered internally.

CASE 8.—John F., æt. eighteen years, was undergoing the difficulties connected with a stiff (elbow joint), caused by an injury twelve years ago. The arm was atrophied from the long continued

immobility of the joint, and a number of abscesses were prominent in that locality. The trouble was found to be spurious ankylosis with necrosis and caries of the bone. Resection of the joint was advised, and in this case, as well as in all others treated by Prof. Helmuth, the patient was left to meditate and decide as to whether or not he would enter the Hahnemann Hospital and have the operation performed.

Obstetrics.

The Obstetric Forceps.

ITS HISTORY AND PRESENT STATUS IN OPERATIVE MIDWIFERY. BY PROF. L. L. DANFORTH.

(Concluded.)

THE oft-quoted statistics of the frequency of the use of forceps in the Rotunda, under Dr. Johnston, must again be utilized to make this history complete. To Dr. Johnston undoubtedly belongs the credit of having brought the forceps into more frequent use than had ever previously been the case. "From November, 1868, to November, 1874, 7,027 deliveries were recorded, and the forceps were used in no less than 639 cases, or about one in eleven, with only thirty-nine deaths." In the last year of Dr. Johnston's Mastership the forceps were used in one in nine cases. During the entire period of seven years the operation of craniotomy or cephalotripsy was resorted to in only twenty-nine cases. In this country the change in the practice of the leading accoucheurs has kept pace with that of their transatlantic brethren. Professor Fordyce Barker* says: "I have no hesitation in saying that in my private practice during the past twenty-five years, I have used the forceps in one case in fifteen. For the last ten years my average has been one in every twelve cases. I have never in a single instance had occasion to regret their use; but when reviewing my cases at the termination of labor, I have often felt that I should have done better if I had used the instruments at an earlier

period of labor." Among those who have led professional opinion in this country may be cited the late Professors Hodge and Meigs, of Philadelphia, and the late Professors Bedford and Elliott, of New York. To them we owe much of our present knowledge, both in the line of improvements in instruments and in a knowledge of correct principles of their use. It is not my intention to expand my subject to the inclusion of the study of the merits of the different varieties of instruments—that would lead us far beyond the limits of this occasion. But it may not be out of place to say, in passing, that of all the different varieties of forceps in use, and advocated by different physicians in this country at the present time, all are modifications of two or three different types which stand out preëminently as the most approved that we now possess in their respective spheres. As the representative of one type may be placed the long forceps of Professor Hodge, designed to be adapted to the sides of the child's head in all possible cases; of the other, those of Simpson, of Edinburgh, or their modification, by Elliot, which may be applied either in reference to the sides of the mother's pelvis or to those of the infant's head. The different varieties of forceps which may be seen displayed on a table before me represent some curiosities in obstetrical forceps which will be well worth your inspection. The Hodge, Simpson and Elliot forceps may here be seen, and also a specimen of the latest and most important contribution to the obstetric armamentarium—the Tarnier forceps as modified by Professor Lusk, of New York city. This latter instrument will receive more extended mention when we come to speak of the application of instruments to the different conditions which require them. Let us turn our attention to the considerations of a few practical questions connected with this subject. In the first place, At what period in labor is the use of the forceps indicated, and what are the symptoms showing the propriety or necessity for their application?

The answer involves some of the most important questions of our daily practice. So much depends upon the condition of the woman as regards her tolerance of pain and the condi-

* Loc. cit. p. 7.

tion of her general health when she enters upon the parturient process, that a general rule cannot be formulated. It has been said, and that with truth, too, that labor is a physiological process and nature should be able to complete her work without artificial aid. What nature ought to be able to do and what she really does under the various circumstances of life are two very different conditions. Nature in her primitive state, with none of the functions of physical life impaired by the enervating influences of civilization may be, and usually is, entirely adequate to the task imposed upon her. But how rarely do we see nature thus displayed! Her laws are so frequently violated; inheritance, education and habits of life are all against the complete working of her powers. In the performance of so exacting a function as the process of labor, we cannot expect that she will be always equal to her work. The strain that is put upon the physical and nervous organization of woman during an ordinarily severe labor is something enormous. No other effort of life demands such extraordinary powers, and this too after a prolonged period devoted to the growth and sustentation of the new being which has developed within the maternal body. Tyler Smith struck the key-note of this subject when he wrote in 1849, that "When women die from prolonged labor death occurs not merely from exhaustion caused by physical suffering, but from the exhaustion caused by the strong muscular contractions of the uterus and its associated organs. The discharge of the *vis nervosa* and the *vis insita* in the muscular contractions of each pain has a depressing effect quite distinct from and independent of the mere painfulness of each uterine action. Each of the great contractile efforts of labor has an exhausting effect, but when more severe or continued longer than usual, each returning pain is a distinct shock. A woman insensible to pain may still sink and perish from the spinal shock of labor."

Art should have for its object the prevention of all unnecessary pain, the conservation of the maternal forces, and the preservation of foetal life. Meddlesome midwifery is unquestionably bad, but prompt action, ready and sufficient in-

terference when help is called for, is equally good. The experienced accoucheurs whom we have quoted as employing the forceps so frequently were not men to interfere with nature's methods so long as she was adequate to her work. The results which they and others who have followed in their footsteps have attained have been accomplished by observing closely nature's plan, and exercising their powers when she proved unequal to the task. The element of time in the determination of the period when action is necessary is extremely uncertain. Conditions only should be our guide. Maternal states which called for the employment of forceps in the minds of the older writers, and which rendered them so unsatisfactory when they were used, should never be allowed to occur.

Robert Barnes says: * "*Arrest or delay in the second stage of labor*, from whatever cause, is a source of danger to the mother and child. The procrastinating school insists upon the dogma that we should wait four, six, or more hours from the commencement, or after an ear is felt, before interfering. This course is full of peril. Whilst we are waiting the woman is suffering—suffering needlessly; her nervous energy is being used up; she is drifting into exhaustion." Dr. G. Hamilton, † of Falkirk, Scotland, also says: "Delay in the second stage is eminently a case for help as soon as it is clearly ascertained that the natural powers are not efficient." The principle which I wish to inculcate is that the *symptoms* indicative of *dystocia* or unduly prolonged or difficult labor should not be permitted to occur. Their existence is indicative of an already too prolonged labor. These symptoms are: Anxiety, restlessness, tenderness in pressure upon the uterus; the uterine contractions are short and have a wearing, irritating effect upon the system; "they do no good" and do not advance the labor. The patient dreads their return and instead of aiding by the exercise of the voluntary muscles the effect of the contractions, she withholds her powers and grows more exhausted.

* *Obstetric Operations*, p. 99.

† *Edinburgh Med. Jour.*, 1861.

The pulse rises and maintains a high rate during the intervals of uterine contractions; the skin becomes hot and dry, or there may be profuse perspiration. The urine is high-colored and scanty and vomiting supervenes. This last is an especially ominous symptom. If in addition to these general signs we observe great heat, dryness and tenderness in the vagina, stationary position of the fœtus and increasing tumefaction of the scalp, we may be sure that the case demands relief. I maintain that on the first hint of any of the above symptoms, the physician should at once institute measures to discover the cause of the delay, and adopt measures for its relief. The second stage of labor ought to be a steadily progressive process and in its typical aspect each pain ought to have a decided effect in expelling the child. No fact in midwifery seems better established than that the dangers of childbirth bear a certain relation to the length of the second stage of labor, and that it matters comparatively little what the period of the first stage may be provided that the second stage, when the child's head has passed through the pelvic brim, is not unduly prolonged. If the conviction that early and judicious employment of the forceps is not yet sufficiently impressed I will draw your attention to one more historical fact, viz.: that when labor did not exceed sixteen hours, and the forceps were employed once in 26 cases in the hands of Dr. Philip Harper, *only one* in 1,490 mothers were lost, while under Collins in the Rotunda hospital the forceps were used only once in 694 cases, average duration of labor 38 hours, with a mortality to the mother of one in 329. Notwithstanding the facts and reasonings thus far developed, all of which point with no uncertain meaning to the great usefulness of the forceps in the cases which call for their application, I would not leave the impression upon your minds that these instruments are ever to be employed except in those instances where their use is clearly indicated for the relief of threatened or existing unfavorable symptoms and conditions. The language of Prof. Lusk on this point is full of wisdom. He says: "Whether the ease with which forceps can be applied at the outlet and

the safety which attends its employment justify its use as a means of saving the physician's time, or the patient from an additional half hour of suffering, are questions which are at least debatable. I can only say that, with increasing experience, my own practice has grown more and more conservative, and my own belief is that true wisdom requires us to abstain from even trivial operations so long as Nature is able to do her work without our assistance." Mark the words "*able to do her work*!" That is the point where the nicest discrimination and judgment may be exercised, and the decision of this question turns the scale on the side of performance or non-performance of this operation. But remember this principle: Prolonged delay is productive of greater evils, to both mother and child, than too early, or unnecessary operative interference. If you must err, do so on the side of least harm to lives under your hands. The physicians who practiced in the first half of this century erred, as we have seen, on the side of procrastination. They attributed the dire results of excessively prolonged labor to the operation which they finally and reluctantly undertook for its relief.

At the present time the various forceps operations which are practiced may be classified under three heads in accordance with the arrangement of Robert Barnes.

- 1st. The head of the child is fully within the pelvic cavity. This is called the *low operation*.
- 2d. The head of the child is partly engaged in the pelvic brim. This is the *medium operation*.
- 3d. The head of the child is arrested on the pelvic brim, or only slightly engaged. This is the *high operation*.

Let us turn our attention briefly to some of the conditions which render the low operation essential. First, there may be entire cessation of uterine action. This is not uncommon in weakly, debilitated women, whether the labor be prolonged or not, and quite as often in primiparæ as in multiparæ. Barnes, in his "Obstetric Operations," describes a source of delay when the head is in the cavity of the pelvis, from a persistent *capping* of the head by the anterior cervical lip. As is well known, in primiparæ,

- the head of the child often lies low in the pelvis even before labor begins ; when it does so the anterior lip upon which it rests may act as a perfect cap or hood for the head, being drawn tightly over it, with the os looking directly back toward the hollow of the sacrum. This condition may require the application of the single blade, acting as a lever, or perhaps the employment of both blades, to relieve the impediment. Again, *before rotation is complete*, there may be *arrest of uterine action*, with *resulting fixation* of the head in an oblique or transverse position, especially if there is any disproportion, relative or absolute, between the head and pelvis. In *occipito posterior* positions of the head, traction with the forceps may be necessary to bring the head to the floor of the pelvis. From this point onward the delivery by rotation of the head may be entrusted in most instances to nature alone. The forceps may again be required in cases of *pendulous uterus* in which the contractile and expulsive efforts are misdirected or inadequate. *Undue rigidity of the soft structures* of the utero-vaginal canal may offer an obstacle to the steady advancement of the head. This is most apt to occur in primiparæ, and tends towards exhaustion of the patient. Relief may be demanded in the interests of both mother and child.

In *head last labors*, after ineffectual attempts at manual extraction, the forceps may become necessary. Their employment has received the endorsement of Barnes and Tarnier, while Busch, of Berlin, attributes the success attained by himself in turning to the use of the forceps. In forty-four cases in which turning was resorted to, and the after coming head delivered by the forceps, three only of the children were lost.

The *medium operation* may be demanded for many of the conditions which call for the low operation, such as arrest of driving force, imperfect dilation of the cerix ; slight disproportion between head and pelvis, and in some face presentation.

The *high operation* may be required for minor degrees of contraction of the conjugate diameter of the brim. When the conjugate diameter is reduced to three and three-quarter inches, the forceps may be efficient, but unless the head is

small the operation of version is preferable. Deficient uterine action, or misdirected driving force on account of non-conformity of the uterine axis with that of the pelvic inlet. Forceps at the brim may be required also to relieve the mother from the dangers of hemorrhage in placenta previa. This is a proceeding which has received the sanction of high authority, and is an entirely legitimate operation, even when the os is only partially dilated. The application of the forceps is imperative in all cases of antepartum convulsions as soon as the os uteri is sufficiently dilated, either spontaneously or artificially by dilators. By conforming to this rule we may often save a foetal life at the same time that the tendency to eclampsia is lessened.

In thus defining the sphere of usefulness of the forceps in accordance with accepted opinions of the present day, I do not forget that there are alternate methods applicable to some of the conditions noted above, such as version,—and the administration of medicines for the increase of uterine action, when this is defective, and for the regulation of the perverted or disordered forces of the system. These are all subjects of great importance, and worthy each one of them of a separate study. The marvelous results that may be obtained on the administration of the indicated homœopathic medicine in regulating pain, lessening hypersensitive conditions of the genital canal, overcoming a bad *morale* or mental state incompatible with the harmonious action of the nervous system, are worthy a place beside any other method of practice, and should always be thought of and given their appropriate place in comparison with other means.

Nor will time permit me to dwell upon the evils which result from procrastination in the employment of a positive instrument like the forceps when its use is called for. The mere mention of such conditions as vesico-vaginal fistula, sloughing of the vagina, and like unfortunate states will be sufficient to show the direction of my thought.

There are two points which I must insist upon before closing this already too long address, and these are, first, a perfect appreciation of the cause of delay, and second, when forceps opera-

tions are required, positive knowledge as to the exact position of the foetal head and an appreciation of the relations which exist between the diameters of the head and those of the canal through which it must pass. These rules should be observed in all cases of forceps delivery, but the higher the head in the genital tract, the more important does the injunction become. In the *high operation* success cannot be obtained without obedience to these rules. Finally, in all your efforts to liberate the head of the child from its position in the parturient canal, remember that you can do so, with the least injury to the maternal structures, by observing as closely as possible the processes which Nature adopts in the fulfillment of her functions. An accurate knowledge of the anatomical formation of the bony pelvis, and the soft parts contained therein, is said by Playfair to be the very alphabet of Obstetrics, without which no one can practice midwifery, either with satisfaction to himself or safety to his patient. To this fundamental knowledge may justly be added the mastery of the mechanism of delivery. All operations should be based upon a knowledge of the position of the head, and the evolutions it should make in its passage through the pelvis. With this knowledge and the very useful instruments which we possess at the present day, you will be able to accomplish the greatest good to the patient whose life and future well-being is intrusted to your care.

Communications.

THE sailor who writes this letter became converted to homœopathy by the cure wrought by what he terms Carbo. Veg. But, of course, the remedy he resorted to was by no means Carbo. Veg., and the cure was due to mechanical effects of coal :

To the Editors of THE CHIRONIAN :

If an article sent to you by a layman, who used to be a sailor, is acceptable, print it in your journal ; if not, the waste basket stands convenient to receive it.

In the year 1863 I left Akyab, a town about 200 miles south of Calcutta, in India, via Singa-

pore to Hong Kong, in a German vessel, the *Herszog Ernst*, as sailor before the mast.

After leaving port about three days I was taken with a diarrhœa of a terribly offensive character. I got so weak in a few hours that I was not able to move hand or foot. The sailors carried me on deck, as they could not stand the odor, and laid me on a mattress in the forward part of the vessel.

The captain read through the "Medicine Book" carried on all ships, and ordered me rice-water to drink ; but it had no good results, as I was getting worse hour by hour, and I was sure that my hour had come to ship for the long voyage.

While I was lying in this condition my thoughts naturally turned to home—my father and mother, thousands of miles away, how they would feel when they heard of the death of their boy—died at sea and buried in the Indian Ocean. I was also thinking of the neighbors who, when a boy, used to be kind to me. All at once a circumstance that happened shortly before leaving home struck my memory. Our neighbor was a shoemaker who had two pigs, of which he was very fond, as he used to take them into the street evenings and make them follow him by giving them small pieces of bread at intervals. One evening while he was showing the nice, round pigs to his neighbors a coal-cart passed by, and a few small pieces of coal falling out, the pigs followed the cart instead of their owner, and devoured the coal as fast as it fell out.

The shoemaker naturally thought that coal was a delicacy for them, as coal was not much used in our part of the country, the people burning wood and turf. So he bought a bushel of coal and placed it where the pigs had free access to it.

A few days afterward he came rushing to our house and told my father, with tears in his eyes, that the pigs were dead.

My father took me with him to his house and, on opening the belly of one of the pigs, found the intestines full of a black substance resembling coal, made up into putty, and as hard as a stick, there being no possibility of a passage from the bowels.

Now, while lying on the deck of the ship I considered in my mind, if coal taken in large quantities will stop up the bowels of a pig, why should it not stop the diarrhoea of man when taken in smaller doses.

I, therefore, begged of the cook, who thought my mind was wandering, to break some coal into small pieces, so that I could swallow it. He did so, and to my great delight the diarrhoea ceased, I began to feel better, got well, and have never seen a sick day since.

I should not be surprised but I had the real Asiatic cholera, cured by *Carbo Vegetabilis*.

Exchanges.

VOL. I., No. 1, of the *Medical Institute* lies before us. We welcome it to our table and wish it long life and a full measure of success. Published monthly under the auspices of the Hahnemannian Medical College of Philadelphia and edited by a staff of college students, it promises soon to win a name and a place for itself. The first number contains, among other interesting matter, an article from the pen of Prof. L. L. Danforth. The Hahnemannian Medical Institute is certainly an organization possessed of no little energy and ambition. Not content with its new lecture course, it now founds a new journal. The college spirit must be strong in the "Hahnemannian," and is bearing its legitimate fruit. There are some colleges in the land where the majority of the students are so engrossed by private affairs that they have no time to devote to public interests. We commend to their consideration the example set by the students at Philadelphia. THE CHIRONIAN extends the right hand of fellowship to the *Medical Institute* and trusts that its path may be most pleasant.

THE *Century* for February is as entertaining as ever. An excellent portrait of Gen. Geo. B. McClellan opens the number. Mr. Howells begins his new serial, entitled "The Minister's Charge." George W. Cable describes "The Dance in Place Congo" in his accustomed lucid

style. Mary Halleck Forbes's novel, "John Bodewin's Testimony," increases in interest as it progresses. "Preparing for the Wilderness Campaign," by U. S. Grant, is one of the features of the magazine. Gen. James Longstreet describes "Our March Against Pope." The remaining departments are well sustained, and the number as a whole is above the average.

Book Notices.

The Value of Vaccination. A Non-partisan Review of its History and Results. By GEORGE W. WINTERBURN, Ph.D., M.D. Philadelphia: F. E. Boercke. pp. 182.

AT this time, when small-pox, completing its deadly work in Canada, has passed the boundary line and has appeared in all its foulness and malignity in many centres of populations in the United States, the efficacy of vaccination as a protection from the disease becomes of vital interest to the public. The value of vaccination has never been universally admitted. Since its invention in 1798 by Jenner, it has been vigorously but vainly opposed by many learned and influential men. Statistics have been sought and facts and figures have been arrayed to show the utter futility of introducing the specific virus into the system. But, in the main, that vaccination protects against small-pox has been accepted as a medical fact, and the great majority of physicians both teach and practice it. But because a theory is received as true and remains unquestioned for a time, is by no means conclusive evidence as to its truthfulness. Facts discovered which militate against it must be duly weighed and considered. Dr. Winterburn, in his book, gives the history of vaccination, its rise as a medical dogma, its effect on the human subject, treats of the origin and nature of vaccinal virus and the methods of vaccinating, and devotes considerable space to a discussion of the extent of the protection afforded by vaccination. The book is an argument against vaccination. The author concludes that the operation is worse than useless. The book is readable. It is concisely and clearly written. It contains a vast amount of information, but it

requires some stretch of the imagination to term it absolutely "non-partisan."

Therapeutic Key. By J. D. JOHNSON, M.D. Fifteenth edition, revised, improved and enlarged. Philadelphia: F. E. Boerckel. pp. 306.

BOOKS of this class must be kept within a certain compass to be useful; and it is for this reason, no doubt, that the paper employed is so thin as to be almost transparent. Yet utility is not the only factor to be considered in the making of books, even of hand-books of medicine, and it is a pity that so much was sacrificed in appearance and make-up simply to secure a certain size. For the rest, the "Key" is greatly improved. Nearly one hundred pages of new subject matter have been added to the text, and much has been re-written. Among the new subjects introduced are the Sick Room, Ventilation, Disinfectants, Fumigation, Diet, Dietetic Preparations, Artificial Digestion, Peptonized Food, Water as a Remedial Agent, Calaplasms, Enemata, Antiseptic Dressings, Emergencies, etc. Also articles on Post-Mortem Examinations, Medico-Legal Autopsies, Inspection of Dead Bodies, Death of New-Born Infants, Medico-Legal Questions—Was Child Matured? Was it Born Alive? etc. A valuable feature of this new edition is the addition to each chapter of Auxiliary Measures in the treatment of many diseases. It will, no doubt, meet with an extended sale.

College Notes.

THE agony draweth near.

MOSELY, '85, gave us a glimpse of his blonde moustache, February 24th.

DR. H. J. PIERRON has removed to 281 Putnam avenue, Brooklyn, N. Y.

DR. J. A. STEWART, '85, of 546 Bedford avenue, Brooklyn, made us a brief call last week.

DR. ALONZO M. HAIGHT, '79, located at White Plains, called a few moments at the college last week.

"A LITTLE slumber now and then

Is relished by the middle men"—
especially T—r.

WE were pained to hear of the death of Dr. E. F. Hincks, '67, at Hyde Park, Mass., father of M. S. Hincks, '84, of Webster, Mass.

WE are sorry to hear of the very serious illness of Dr. R. F. Licorish, '81, who has been spending the past year in special study in this city.

DR. M. M. ADAMS, '85, who has been practicing in this city, and who held a clinic in the College Dispensary, has lately located in St. Albans, Vermont.

DR. A. P. SHERWIN, '85, who is practicing in Canton, N. Y., writes that he appreciates THE CHIRONIAN, and asks for more of the indications for the lesser drugs.

"I WOULD feel as if I were guilty to let a patient die with Diphtheria, Membranous Croup or Capillary Bronchitis without using the steam atomizer."—DOWLING.

THE Homœopathic Mutual Life Insurance Company, of which our Emeritus Prof. E. M. Kellogg, M. D., is President, has removed its offices to 117 West Forty-second street.

THE Lambert Pharmacal Co., of St. Louis, whose advertisement appears for the first time in this number, having been just too late for insertion last time, will be found a pleasant firm to deal with.

HANDSOME E. H. Rice, '83, located at Springfield, Mass., made a friendly call at his Alma Mater a few days ago, and looks as dignified as he used to when assistant to Prof. Helmuth in the surgical clinics.

DR. C. F. STERLING, assistant to the chair of Otology and assistant surgeon to the Ophthalmic Hospital, has removed to Detroit, Mich., to take the practice of Dr. D. J. McGuire, who was compelled to go south on account of ill health. We wish him success.

A LARGE club order for the "Physician's Visiting Lists and Combined Daybook and Ledger," as published by Joel A. Miner, of Ann Arbor, Mich., has been sent by our men, and we feel it is but just to add that all who ordered were very much pleased with the books received.

At last the natural hungry look of S—— and F——, of the Middle Class, is to vanish. March 18th is the date, and Martenelli's is the place where they will be fed. The rest of the Class of '87 dine there the same time, and we trust none will have symptoms "Hydrastis dyspepsia" as a consequence.

At an election held by the staff of the College Dispensary, of which Prof. Dowling is superintendent, Dr. C. W. Cornell, '77, was chosen President, A. W. Palmer, '83, Vice-President, and C. S. Macy, '81, Executive Officer and Secretary. Drs. Teets, '84, and McFarland, '85, are visiting physicians to the Dispensary.

DR. J. B. ROBINSON, '69, who has suffered for a number of years from cerebro-spinal meningitis, followed by spinal anæmia, has so far recovered that he was able to call upon some of his classmates at the Ophthalmic Hospital. For eight years he was not able to move from his bed, and all his old friends at the hospital were congratulating him upon his recovery.

THE usual hearty applause that greets the entrance of Prof. Helmuth at his Wednesday afternoon clinics was redoubled when it was seen that he was followed by Assistant Surgeon C. W. Cornell, who was so far recovered from his recent severe illness as to be able to be present. Considering his extreme condition at one time, his recovery has been most remarkable. Please accept our very best wishes.

CUSHION throwing in our College is at last a thing of the past. Aside from being forbidden under a new prohibitory law by the Faculty, it has recently received a death blow by the popular will of the students. This was rather freely expressed at the last meeting of the Hahnemannian Society.

Gentlemanly deportment is one of the secrets of success in student life, as elsewhere; and although a certain amount of jovial relaxation must be indulged in between lectures, it is rather unnecessary to call the ever ready cushion into play.

We are pleased at the prompt action taken by the soon-to-be-Senior Class in regard

to the management of THE CHIRONIAN for the following year. We present the list of editors duly elected:

E. D. FITCH, Managing Ed.	C. SCHUMANN, Pædology.
J. J. RUSSELL, Surgery.	A. C. STEWART, Obstetrics.
S. JACOBUS, Practice.	M. J. ADAMS, Coll. Notes.
A. T. THAYER, Materia Medica.	G. M. SMITH, Business Manager.

Aside from these men each lower class will appoint one man as Assistant Editor to College Notes, which will relieve that editor somewhat, and the Middle Class will also name the Assistant Business Manager.

NOTHING pleases the members of the Senior Class more than to find the lecturer of the hour ready for a "quiz."

The reasons are numerous:

First, the student discovers the difference between "knowing a thing and telling it." Also, he finds out, if he fails, where he should apply especial study. Again, he follows the answers given by others more closely than he would any lecturer and learns much thereby. He appreciates, also, the brief respite from the arduous duty of note-taking; and, lastly, there is a genial spirit of friendly interest manifested in an informal quiz, that tends to unite in closer sympathy and warmer coöperation the life and labors of student and professor.

THE condition of the mind of the medical student as the dreaded time of the final examination draws near is something similar to the delectable medley composing the witches' broth described in Macbeth, in which "eye of newt, and toe of frog, wool of bat, and tongue of dog, adder's fork, and blind-worm's sting, lizzard's leg, and owl's wing," and many other as dainty viands were contributed "for a charm of powerful trouble." So feels his poor head, into which with ceaseless chant have been thrown scraps of anatomy and histology; the bloody elements of physiology; the dry bones of anatomy and surgery; and the hidden minerals, dangerous reptiles and poisonous herbs of the materia medica, as

Round about the cauldron go;
In the ehdlless lectures throw.

Societies.

WE are pleased to acknowledge the receipt of the programme of the second annual meeting of the Southern Homœopathic Medical Association, to be held at the University of Louisiana, New Orleans, Wednesday and Thursday, March 10th and 11th, with a possible continuation on Friday if necessary. From the length and variety of the papers to be presented and discussed we feel certain that all this time will be needed. THE CHIRONIAN sends its greeting, and wishes homœopathy in the South a glorious future.

The American Institute of Homœopathy.

THE General Secretary has the pleasure to announce to the members of the Institute and to the profession generally that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at ten o'clock A. M., and continue in session *four* days or longer, should the interests and business of the Institute require. The local committee of arrangements has contracted with the proprietor of the "Grand Union Hotel" (in one of the large parlors of which the meetings will be held) to entertain the members of the Institute and others who may attend the meeting at reduced rates and in a style unsurpassed. The reasonable anticipation of an unusually large attendance has alone enabled the committee to secure the advantages obtained. It is confidently hoped that its liberal arrangements will be appreciated. In addition to the attractions of the place, the national reputation of the *hotel* and the favorable time fixed for the meeting, the other inducements to attend this great conclave should not be underrated. The various bureaus (fourteen in number), embracing every department in medical science and art, are fully organized and resolved to present original and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to

the interest and value of the proceedings. A programme of the order of business and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June.

Blank applications for membership can be obtained from R. B. Rush, M.D., Chairman of Board of Censors, 120 Main street, Salem, Ohio, or of the General Secretary, 960 Penn avenue, Pittsburgh, Pa.

J. C. BURGHER,
General Secretary.

American Obstetrical Society.

THE third meeting of this young and exceedingly prosperous society was held February 25th at the New York Ophthalmic Hospital. A long and interesting programme was presented, including the election of some thirty new members, who are from localities widely scattered from Massachusetts to Oregon, showing the national character of the association. The first paper presented was by the venerable Dr. Reuben C. Moffat, of Brooklyn, upon the subject of "Menstruation and the Ovaries," in which he presented in a summary manner the different current opinions held by various authors on the source of the menstrual discharges, and their relation with the process of ovulation. Although the weight of testimony is against the belief, he entertained the opinion that—1st. Menstruation and ovulation were *not* inseparably connected. 2d. That ovulation did *not* produce the changes incident to menstruation; and, 3d. That menstruation could and frequently *did* exist without any influence from the ovaries—i. e., after their complete removal. To sustain these positions he brought a host of clinical cases occurring in his own and others' experience, in all numbering some two hundred, where menstruation had continued uninterrupted after double ovariectomy.

Prof. W. O. McDonald took issue with Dr. Moffat and related a number of cases tending to prove an opposite condition of affairs, and stating among other things that he did not think there was recorded an instance "where menstruation had ever existed in a woman who had not at

some time in her history had an ovary or ovarian tissue," and also thought that "menstruation and ovulation could not be separated."

Dr. Moffat further said that as the ovaries contained so many thousands of ovules he thought it was quite probable they were being continually thrown off, but at the menstrual epoch the mucous membrane of the uterus was especially prepared for their reception, and hence pregnancy at that time was more probable.

A paper on "Laceration of the Perineum and its Repair" was next presented by Dr. L. A. Phillips, of Boston, Mass., in which many practical points presented themselves to our student minds.

He spoke first of the prophylactics that the patient may make use of to produce a normal and easy labor, as such a labor rarely causes laceration. Recommended the free use of milk, fruit and cereals as a diet, with abstinence from meat, with active exercise and an abundance of sleep in the puerperal months.

Thought *Cimicifuga* and *Pulsatilla* valuable remedies in the later months.

Would not try to protect the perineum, but rather help its dilation.

Did not think that forceps properly applied would cause laceration, or that the birth of the head caused it as frequently as the shoulders.

He then spoke of the methods and time for repair, and thought these varied in different cases. He had always found catgut or silkworm ligatures to answer every requirement.

The discussion of this paper was opened by Dr. W. A. Allen, of Flushing, N. Y., who said that the old style method of supporting the perineum was a fallacy. He also thought that flexion should be encouraged as a preventative of laceration.

This was followed by Prof. McDonald, who gave as his experience that catgut or whale tendon even, did not last long enough, and preferred silver wire. He believed there were very few labors at full term without accompanying laceration, and that in eight out of every ten cases it was caused by the head.

Prof. S. F. Wilcox was well satisfied with the

results he had obtained from the use of a large-sized whale tendon suture.

He related one case where the patient was imprudently permitted by the nurse to leave her bed the fifth day, and yet there had been a perfect result.

Prof. Danforth said everything should be done to prevent the too rapid emergence of the head, especially at the height of a pain; that flexion of the head should be aided, and all the space under the pubes should be utilized.

If forceps are employed they should be removed before the emergence of the head.

"The Newer Methods in Breech Presentations," was the title of the next paper, by Dr. C. M. Conant, of Orange, N. J. This was a carefully arranged and exhaustive production, giving the best methods of former times and the experiences of the best operators of the present.

Bringing down the extremities and moderate traction was thought to be the best method for both the mother and child.

Dr. Robert McMurray, of New York, said that it was unnecessary, he had found, to bring out both feet at the start. If one was obtained, the other would follow.

The next paper was read by Dr. H. I. Ostrom, of New York City, upon the important subject of "The Puerperal Breast," in which the writer gave a detailed description of the etiology, pathology and symptomatology of the diseases commonly affecting this gland, and the different means of prevention and treatment.

On account of the lateness of the hour, the last paper of the evening—which promised to be very practical—on "Vaginal Injections during the Puerperium," by Dr. G. W. Winterburn, was omitted. The next meeting of the Society will be held in April and the annual meeting in June; this latter will be at Saratoga, N. Y.

E. E. K.

AN agricultural paper says: "No animal can fight and eat at the same time." Evidently, the editor has never seen a traveler at a ten-minutes-for-lunch-stand.

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The editors are not responsible for opinions of contributors.

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THE CHIRONIAN will be sent until ordered discontinued.

THERE is a large number of our readers who have not yet remitted the subscription price for THE CHIRONIAN. They have received the journal regularly, and it is, of course, not due to any intention to defraud that they have not already paid for the year. Such things are easily put off from time to time. However, we can live neither on air nor on promises, so let us have something more substantial.

THE Alumni dinner at Delmonico's last year was a great success. Not only were acceptable viands duly and faithfully discussed, old friendships revived, the days of "auld lang syne" brought back to mind, witty and wise speeches listened to approvingly, but much business of importance was transacted by the association pertaining to college matters. More than this, the association perfected its own organization, admitted many new members, and prepared itself for increased usefulness. All who were present thoroughly enjoyed the occasion, not alone as individuals, but also because

it was felt that the Alumni Association of the New York Homœopathic Medical College was achieving certain practical results, and that its power was steadily increasing. Next month the annual gathering at Delmonico's occurs again. It is important that there should be a large attendance this year, as matters of great importance will be submitted to the Alumni for action. Let every member of the association make his arrangements so that the 15th of April shall find him at the Annual Dinner.

IT has often excited comment among the unreflecting why so many students who distinguished themselves at college by passing brilliant examinations disappeared from view very promptly after reaching public life and are no more heard of. The medical student who "digs" and passes all his time in poring over his books may rank highest in his class, but that by no means indicates that he will become a successful doctor. There is simply a certain probability that he will. The mistake is in assuming that a simply studious man is necessarily successful. On the contrary, he is often the very reverse, a perfect failure for lack of the saving virtue of common sense. The capacity to receive is of small value unless it be coupled with an ability to adjust, arrange and impart. It frequently happens that a man who is but a scholar and nothing else is at an absolute disadvantage in the presence of a comparatively intellectual man who is blessed with an inherent excellence of capacity in the three departments of brain action. "Whether formulated as a proverb or not," says Dr. Hathaway, "it is a well-recognized fact that the wise fool is the most perfect specimen of the genus. Gibbon says, I think (without stopping to verify the quotation), that 'education is chiefly valuable to those who are able to do without it,' which is another way of saying that 'you can't make a whistle out of a pig's tail.'"

It is the addition of education to natural gifts that brings distinction. Nature apparently requires a certain amount of the concrete to maintain a mental equipoise. The superior man must have the ability, not only to comprehend, but to an equal degree to discriminate; he must be able to select for a purpose. Besides the ability to learn a man to be successful needs the power to verify his learning, to deduce his own conclusions and to execute his purposes with persistence. The term persistence is worthy of a few moments' consideration. It signifies much and accomplishes more. A persistent effort to advance is an energetic effort. But this energy, this persistence, this peculiar force which is known by its characteristic manifestations, can by no means be transmitted from one individual to another. He who has to be pushed by others will be swallowed up in the quicksands of indolence. Constant spurring will only induce stubbornness and sulkiness, and the behavior of the mule when urged against his will is familiar to all. He who does not feel that diligence and earnestness, and a constant striving for improvement, be it in his own business or be it that of another, will pay best in the end cannot be brought to it by compulsion. Let him who will not move his arms and legs to keep himself afloat go to the bottom, the sooner the better.

We have no patience with men who are like dumb, driven cattle, and who work solely because they must, and whose chief prayer is, "Come day, go day, God send pay day." Education is not so much to learn as to train; and he who deems that memorizing alone will win prizes in life's struggle deceives himself.

"In the treatment of zymotic diseases prescribe for the *patient*, not the disease."—ALLEN.

"I would feel as if I were guilty to wilfully and needlessly torture a patient ill with diphtheria, membranous croup or capillary bronchitis with any kind of atomizer, as they are utterly useless."—DESCHERE.

"THERE IS 2 things in this world for which we are never fully prepared, and them IZ—*Twins*."

Materia Medica.

Lecture on Materia Medica as Applied in Treatment of Insanity.

BY SELDEN H. TALCOTT, M.D.*

(1.) ACONITE.

General Action: Aconite affects, primarily, the cerebro-spinal and sympathetic ganglionic systems; it stimulates the inhibitory centres of the pneumogastric, and by continued hyperstimulation the pneumogastric nerve becomes exhausted, as shown by the heart beats becoming quicker and more irregular, until finally paralysis of the heart may occur. Aconite, when given in large doses, produces inevitably cardiac depression and a tendency to death. In less poisonous doses this drug produces acute inflammatory action throughout the system. How the inflammatory process is induced by aconite has not been satisfactorily explained; but it has been suggested that by causing paralysis of the vasomotor nerves, the arterioles dilate, doubling their capacity, and thus patients are bled into their own vessels. Wherever there is an excessive supply of blood there is a tendency to inflammatory metamorphosis.

Brain and Spinal Cord: Congestion of the brain, with over-sensitiveness to light; heat and redness of the face, or pale face; carotids pulsate strongly; pulse full and strong (also belladonna, gels., veratrum viride); headache as if the brain was moved or raised; burning in the forehead as if in boiling water; vertigo; conjunctivitis; pupils contracted or dilated; formication over the spine; numbness of spine; spasms from inflammation of spine; numbness and tingling of limbs; paralysis of the limbs; jerking of arm and leg; nausea and vomiting of

* In the preparation of this lecture I am indebted for valuable aid to my assistant, Dr. Alonzo P. Williamson, both in the matter of ascertaining the general action of drugs and also in the matter of collecting those symptoms which have proved most efficacious in the treatment of insanity.

cerebral origin. The least noise, especially of music, aggravates the brain symptoms.

Mind: Great fear of approaching death; inconsolable anguish; dread of men; fear of ghosts; fears a loss of reason (also Liliun and Sepia); mental prostration with weakness of memory; cannot remember dates; changing mood, from dry anguish to exuberant tears; the mind suffers from the effects of anger or fright.

Sleep: Sleeplessness from anxiety and fear; mental restlessness.

Accompaniments: Hypertrophy of the heart; pain in cardiac region, accompanied by pain and tingling in the left arm.

Special Sphere of Action: Acute mania in young, full-blooded people with bright complexion and lively disposition; great mental and physical restlessness, with anxiety and fear.

(2.) AGARICUS MUSCARIUS.

General Action: This fungus is classed by toxicologists as a narcotic acrid poison (Christison). It acts upon the blood, rendering it fluid, so that it runs easily from the bodies of those killed by it. (Crotalus, Lach). It produces gangrene of the stomach and intestines.

Brain and Spinal Cord: Agaricus produces congestion of the brain, with stupidity; heaviness of the head, as if intoxicated; the spine is sensitive to the touch; there are severe burning pains in the spine, with jerkings or tremblings of the facial and cervical muscles; sometimes the pains appear to run diagonally across the body.

Mind: Confusion of mind; unable to find the right word when speaking; disinclined to answer questions; sings and talks, but will not answer when spoken to; indisposed to perform any labor, especially mental; ill-humored and irritable; again merry and singing in ecstasy; and again prostrated by general malaise. People who are generally solicitous and anxious about ordinary affairs become, under Agaricus, moody and indifferent to their surroundings.

Sleep: Irresistible drowsiness in the day time; on falling asleep the muscles of the body twitch suddenly, and the patient awakes.

Accompaniments: Severe pains in the stomach; grass-green diarrhetic stools; acute pains in the

abdomen; and sometimes dysenteric discharges. Sexually there is great desire for an embrace, but the penis is relaxed.

Special Sphere of Action: Complaints after sexual and other debauches; mental obtuseness, with ill-humor; trembling and twitching of groups of muscles; coma following febrile or mental excitement; general paresis; mania; and primary dementia.

(3.) ANACARDIUM.

General Action: It depresses the cerebral centres and the organs of special sense; it produces general nervous prostration and a tendency to dementia, variegated by periods of mental excitement.

Brain: Sensation of pressure as from a plug on the left side of the vertex, with pressing pain on the top of the head, aggravated by coughing or deep breathing; pain in temples, as from a nail.

Mind: Great weakness of memory; insensibility to surrounding circumstances; irresistible propensity to swear (also veratrum album); hallucinations of hearing; hears voices of friends who are at a distance; thinks he has two wills, one commands him to do what the other forbids. (Baptisia, Belladonna, Lachesis and Stramonium have somewhat similar symptoms.) Anacardium is a good remedy for mental fatigue and loss of memory from over-exertion.

Sleep: Sound sleep with vivid dreams, which recur to him during the day as things which really happened.

Accompaniments: Besides pressure in the head as from a plug, there is pressure in the eyes as with a plug; also a pressure as from a plug in the right side of the chest; also pain around the navel, as if a blunt plug were squeezed into the intestines. The head, eyes, chest and abdomen feel *plugged* under the influence of anacardium. The sexual apparatus is stimulated to violent desires. There are erections during the day, and strong disposition to plug something at night.

Special Sphere of Action: Mania and dementia, with irresistible propensity to swear and to be contrary.

(4.) APIS MELLIFICA.

General Action: It defibrinates the blood and

causes inflammation of a low grade, under which the tissues readily break down and become gangrenous. It also causes serous effusions. These blood changes produce mental stupidity and often coma.

Brain and Spinal Cord: Hydrocephalus, with piercing shrieks; coma; vertigo, worse on lying down (also conium); with sudden jerking of the limbs.

Mind: Stupidity, absent-mindedness, awkwardness, lets everything drop from the hands (Hellebore); loss of memory, moody, irritable, jealous (also hyoscyamus); mania from sexual over-excitement in women; fear of death from a sensation in the chest that they are going to die.

Sleep: Great inclination to sleep, but cannot do so on account of mental restlessness (aconite and coffea); screaming and starting in sleep; unpleasant dreams; dreams of flying and journeying.

Accompaniments: Erysipelatous condition of the face; pain or tenderness, and sometimes dropsy, of the ovaries, especially the right; scanty micturition; and sometimes a general dropsical condition.

Special Sphere of Action: Mental stupidity, with occasional periods of restlessness and screaming; jealousy in women, who suffer with sharp pains in the ovaries, especially the right.

(5.) ARNICA.

General Action: It affects the cerebro-spinal system; and also, to a limited extent, it is a cardiac excitant. It acts upon the vasor-motor nerves, producing a capillary stasis.

Brain and Spinal Cord: Left-sided paralysis from concussion; tired, weary feeling in head, and on lying down; sensations that everything feels hard.

Mind: Schroeder van der Kolk claims that arnica is invaluable in certain cases of mania where the first excitement has passed and there remains a heat in the head and a tendency to imbecility, fits of anguish, or hopelessness and indifference; forgets what he is reading, or the word he is about to use; fears being struck by persons coming near him; easily frightened; unexpected

trifles make him start; answers questions very slowly, sometimes falling asleep while answering.

Sleep: Often awakens between two and three A. M. (Also kali carb. and nux vomica); on falling asleep starts suddenly; dreams vivid and frightful of graves, of black dogs, of being struck by lightning; unrefreshing sleep during the night, too sleepy to talk in the morning.

Accompaniments: Heart feels strained and sore, as after running; tenesmus and spasms of the neck of the bladder.

Special Sphere of Action: Dullness and stupidity of mind, mental diseases generally of traumatic origin, and concussions and contusions of the brain and their results. (Hypericum for nerve injuries, ledum for punctured wounds, staphisagria for clean cut wounds, and calendula for lacerated wounds;) arnica is useful after apoplexy or apoplectic seizure.

(6.) ARSENICUM.

General Action: Arsenicum acts upon the ganglionic nervous system. It acts upon the mucus and the serous membranes, producing in the former inflammation of a low grade. There is marked tendency under arsenicum for the tissues to become gangrenous (apis); also there are effusions into cavities lined by serous tissues.

Brain and Spinal Cord: The nervous system is apparently affected reflexly from disturbances of the digestive apparatus; there is frontal headache and the pains are of a burning character; there is vertigo and tinnitus aurium. Dr. Hughes states that arsenicum is one of the few remedies which causes genuine neuralgia, and it far excels all other remedies in the treatment of the idiopathic disorder. There is intense sensitiveness of the scalp under arsenicum. This drug is said to produce epilepsy with opisthotonos, and it is a valuable remedy in the treatment of epilepsy when the paroxysms recur periodically.

Mind: Melancholia; sad; tearful and depressed moods; intense anxiety with great restlessness; fears to be left alone lest he should do himself bodily harm; great fear, with cold sweat; can't find rest anywhere; wants to move from bed to bed; is intensely suicidal; the patient has hallucinations of smell—smells pitch and sulphur, and anticipates consignment to sheol.

Sleep: Sleeplessness, with restlessness and anxiety; frequent starting in sleep; awakened by pains, especially after midnight; after sleep feels as if he had not slept enough; dreams full of care, sorrow, and fear about thunder storms, fire, black water and death.

Accompaniments: Asthmatic conditions; difficulty of respiration; thirst for small quantities of water at frequent intervals; weakness and palpitation of the heart; emaciation of the body, followed by dropsical tendency; scanty urine and burning on micturition.

Special Sphere of Action: In those who suffer from profound exhaustion after long, wasting diseases; melancholia with intense restlessness and suicidal propensities.

(7.) BAPTISIA.

General Action: It disorganizes the blood, and produces putrid conditions in all parts of the body.

Brain and Spinal Cord: Cerebral congestion; face has a besotted appearance; dull heavy pain at the base of the brain; paralysis of the left side with numbness.

Mind: Confused as if drunk; feels as if he was sliding away; bed feels hard (also Arnica); thinks his body is scattered about, and struggles constantly to get himself together; mentally restless, but too lifeless to move much; can be roused, but before answering a question goes off to sleep again.

Sleep: Sleeps well till three A. M. (also Nux); is then restless till morning; cannot sleep because he thinks his head and body are scattered about; restless, with frightful dreams; mutters in a delirious way even while partially asleep.

Accompaniments: Intensely fetid odor from the mouth; tongue very dry, brown and cracked; sordes on the teeth; involuntary stools of an intensely offensive nature; the diarrhoea is brownish in color and often looks like decomposed blood.

Special Sphere of Action: Mania and melancholia with stupor and dementia, where the conditions strongly stimulate typhoid fever.

(8.) BELLADONNA.

General Action: Belladonna acts upon the cerebro-spinal system, causing intense cerebral

hyperæmia. There is a bright red face, dilated pupils and intolerance of light, and violent spasms of the muscles of the face, neck, and arms.

Brain and Spinal Cord: Fearful headache, especially in the frontal region; the headache is of a throbbing nature (also glonoine and cactus); the pains come suddenly and as suddenly depart; fullness in the head, with throbbing arteries; boring, shooting pains in the head; all pains aggravated by noise; vertigo; threatened apoplexy.

Mind: Hallucinations and illusions of sight; patient sees gigantic forms, these sometimes cause laughter and sometimes fear; maniacal mental state in which the patient is merry (also hyos.), and again irritable; at times there is fierce delirium and rage; the patient tears clothing, bites, strikes, kicks, howls and shrieks, and constantly wants to escape his present environments; on closing his eyes the patient sees frightful visions (also Stram.)

Sleep: Sleepy yet cannot sleep (also gels.); jerking of the limbs in sleep; awakens with a start as if frightened (also lachesis); singing and talking in sleep; dreams of murder, of robbery and of danger from fire; sleeplessness from excessive cerebral hyperæmia.

Accompaniments: Spasmodic conditions of all the sphincter muscles; paralysis of the left side, with twitching of the muscles of the right side; bright red condition of the skin, active inflammatory conditions in the throat, chest, kidneys, bladder or genital organs.

Special Sphere of Action: Insanity following acute diseases, or diseases where the symptoms come and go suddenly; full-blooded people with tendency to cerebral hyperæmia; all the conditions where active inflammation and throbbing exist.

(9.) BRYONIA ALBA.

General Action: The serous membranes are especially affected by bryonia, and this drug seems to have an especial affinity for the lungs and their coverings; next to the lungs, the remedy affects the brain and its membranes. Bryonia has caused a condition of the pleura closely resembling the early stage of inflammation; on the brain it seems to produce a deter-

mination of the blood resembling congestion, and sometimes active inflammation of that organ.

Brain and Spinal Cord: Head feels confused and full, as after a night's dissipation; there is frontal headache, extending backward to the occiput (belladonna and gelsemium have headache running from the occiput to the forehead); headache as if the head would burst; this pain grows worse during the day and is aggravated by motion; head seems full, and there is much vertigo; convulsions when the eruptions of measles suddenly disappear.

Mind: Depression and moroseness without cause; the patient is irritable and wishes to be alone (also coca); the patient is obstinate and passionate, and is troubled by what has been called "pure cussedness" (also nux vomica); the patient worries much about business affairs.

Sleep: Sleep is very restless; during sleep is troubled with somnambulism; sleeplessness from thoughts crowding upon each other; dreams about the business of the day.

Accompaniments: Cough, usually dry, but sometimes there is a sputum which is streaked with blood; cannot take a deep breath; stitching pains in his sides, aggravated by motion; sensation as if the head and chest would fall to pieces on coughing; intense thirst for large quantities of water.

Special Sphere of Action: All mental disturbances which are aggravated by motion of the head; congestion following exposure to cold; and where there is a tendency to inflammatory conditions of the serous membranes.

(10.) CACTUS GRANDIFLORUS.

General Action: Cerebro-spinal system. This drug appears to have an especial affinity for the heart and its nerves, causing more or less irregular action and constricting pain about the heart, with anguish.

Brain and Spinal Cord: Throbbing pains in the vertex of the head, and in the back.

Mind: Melancholia; unconquerable sadness; fear of death (also aconite); believes his disease incurable (also liliun tigrinum and sepia); cries without cause; sympathy aggravates (also ignatia and natrum muriaticum).

Sleep: Sleeplessness, with pulsations at the

pit of the stomach; palpitation of the heart; and a sense of palpitation in the top of the head; delirium at night and during sleep, which ceases on awakening.

Accompaniments: Sensation as if an iron band was about the heart, preventing its normal movements; pain in the apex of the heart, shooting down to the fingers of the left hand; irregularity of the heart's action, now rapid and again slow; slow pulse (digitalis).

General Sphere of Action: Melancholia, particularly in women, with sensation of strictures about the heart; palpitation of the heart, and a corresponding palpitation in the top of the head.

(11.) CALCAREA CARB.

General Action: This drug seems to have an especial affinity for the glandular system. Its physiological action is not thoroughly understood, but provings and clinical experience point to the glands of the body as the organs primarily affected by this drug.

Brain and Spinal Cord: It produces brain-fag, frontal headache, with heaviness of the head, worse from reading or writing; it produces chorea with one-sided movements; it produces epilepsy, with aura running downward.

Mind: Forgetfulness; probably one of the best remedies for this difficulty; the patient misplaces words; fears she will lose her reason (also liliun and sepia); that people will observe her confusion of mind; peevishness, anxiety and shuddering on approach of evening; much mental trouble about imaginary things.

Sleep: Awakens early, three A.M.; sleepiness during the day time; dreams of falling.

Accompaniments: In females, the menses appear a few days before the proper time, and the flow of blood is often considerable; sensation as if the feet and legs are incased in damp stockings; the patients are pale, weak and poorly nourished and imperfectly developed.

Special Sphere of Action: It is specially adapted to fat, flabby, non-energetic and pot-bellied persons; mental depression with great apprehensiveness.

(12.) CALCAREA PHOS.

General Action: Similar to the carbonate of lime.

Brain and Spinal Cord: Cerebral anæmia; vertigo on rising, worse on motion; trembling of the limbs.

Mind: Forgetfulness of what he had done a few moment before; writes wrong words, and the same word twice or more; wishes to be at home when he is at home; general failure of the mental powers.

Sleep: Drowsiness all day, yawning and stretching; dreams of past experiences during the night.

Accompaniments: Pale and flabby conditions, with cold and blue extremities; imperfect circulation, and general sluggishness of all bodily functions.

Special Sphere of Action: Dementia, especially in young persons and those addicted to masturbation, or those who have exhausted themselves by masturbation and have passed beyond enjoyment of that variety.

(13.) CAMPHOR.

General Action: It acts upon the cerebro-spinal system, depressing the motor and intellectual centres.

Brain and Spinal Cord: It produces vertigo and heaviness of the head; constriction of the brain, with throbbing in the cerebellum and spine.

Mind: Anxiety and extreme restlessness, and a sense of intolerable prostration; from this prostration the mind sometimes rises to great maniacal excitement, similar to that produced by veratrum album.

Accompaniments: Icy coldness of the whole body; clammy and exhausting sweats; cramps, particularly in the lower limbs; all symptoms are aggravated at night, from motion and from cold.

Special Sphere of Action: Exhaustion and collapse from mania, from epilepsy, or from melancholia with excitement.

(14.) CANNABIS INDICA.

General Action: It acts upon the cerebro-spinal system, producing curious effects; sometimes it causes a mild mental exhilaration, and again it stimulates the prover to intense and exalted ecstasy; it produces decided effects upon the psychical system, and stirs the mind to a

wonderful variety of action. In this respect it somewhat resembles opium, agaricus, belladonna and alcohol.

Brain and Spinal Cord: Pleasurable intoxication, with bright, shining eyes; heaviness of the arms and legs, making it difficult to move or exercise.

Mind: Numerous hallucinations and illusions; sensations and emotions are greatly exaggerated; time and space seem immeasurable; a few seconds appear to be ages or cycles of time; a few rods an immense distance; great mental exaltation, with singing and laughing; but this exaltation is followed by sadness, depression and weakness. The natural tendency of the individual is to exaggerate under Cannabis Indica. A mild and gentle person becomes more pleasant and agreeable than usual, while those possessing irritable dispositions become exceedingly vicious and violent under the effects of this drug.

Sleep: Excessive sleepiness; voluptuous dreams, in which are realized the prophecies and promises of Mahomet's heaven for the time being, but the morning discovers to the tired dreamer profuse seminal emissions; dreams of danger, of dead bodies, and of horrible objects; intense nightmare.

Accompaniments: Frequent micturition, with much burning in the urethra; urine starts slowly and dribbles in a feeble stream; sexual desire is greatly increased; there are violent erections when walking, or riding, or sitting still, and without amorous thoughts, except during dreams.

Special Sphere of Action: Nervous diseases, with delusions relative to time and space, accompanied by unusual sexual disturbances, followed by weakness of the mind and tremblings and exhaustion of the body. It may be used in general paresis and in catalepsy. The cataleptic state may be induced by a belief in the patient's mind that time and space are too vast for change—hence a disinclination to make effort.

(15.) CANTHARIS.

General Action: This drug acts upon the cerebro-spinal system, and it affects the genito-urinary tract most positively.

Brain and Spinal Cord : Cerebral congestion ; convulsions resembling hydrophobia, which are produced or aggravated by the sound or sight of water. Hughes denies this symptom, but we have seen cantharsis cases much disturbed by seeing water or anything bright and glistening.

Mind : Sudden loss of memory ; furious delirium ; barking like a dog ; paroxysms of rage excited by any bright, dazzling object ; amorous frenzy ; uncontrollable sexual desire ; mania, with tendency to swear (Anacardium) ; violent contradictory moods, restlessness, culminating in attacks of rage ; great activity and sensitiveness of the mind.

Sleep : Sleeplessness ; light sleep with anxious dreams : erections during sleep, followed by wakefulness and anxiety.

Accompaniments : Intense burning and smarting pains along the urethra ; spasmodic pains in the region of the bladder ; paroxysmal pains in both kidneys ; the back in the region of the kidneys is sensitive to touch ; constant urging to urinate ; painful evacuation, drop by drop, of bloody urine or pure blood ; sharp burning pains in the genital organs, accompanied by erections and fierce desire for sexual intercourse.

Special Sphere of Action : Mania, accompanied by outbursts of intense rage where the patient barks like a dog, and where he is tormented with uncontrollable lust for sexual gratification.

(16.) CAULOPHYLLUM THALICTROIDES.

General Action : This drug causes, primarily, irregular, spasmodic and constricting pains in the uterus. Reflexly there are cerebral disturbances accompanied by nausea and vomiting.

Brain and Spinal Cord : Severe pains in temples as if they would be crushed together ; rheumatic and neuralgic headache, dependent upon uterine or spinal troubles ; headaches previous to the menses, or following miscarriages.

Mind : Weakness of mind and memory ; fretful ; irritable ; mental depression after long-continued uterine disease.

Sleep : Sleeplessness in nervous women, with restlessness, particularly during the menstrual flux.

Accompaniments : Spasmodic pains in the uterus ; pains in the small of the back, with aching and soreness of the lower limbs just before the menses ; with these pains there is intense nausea and vomiting of a yellow, bitter substance ; spasmodic dysmenorrhœa, with hysterical convulsions ; leucorrhœa, with profuse bland mucus, especially in young girls ; intermitting pains beginning and ending in the reproductive organs.

Special Sphere of Action : Melancholia following long-continued menstrual irregularities and uterine disorders.

(17.) CAUSTICUM.

General Action : This drug acts especially on the motor tract of the spinal cord.

Brain and Spinal Cord : Paralysis of the upper eyelids ; one-sided paralysis of face and larynx ; tremblings of the hands ; pressing pain in the forehead, with stoppage of the nose ; headache both before and after epileptic convulsions ; vertigo on stooping ; violent burning pains in the vertex, and a feeling as if there was a ball of fire in the forehead.

Mind : Weakness of memory ; disposition to weep, and, again, to indulge in fits of spasmodic laughter ; melancholy, hopelessness and despair ; great apprehension when anything happens ; always expecting the worst of everything ; absent-minded, distrustful and suspicious of everybody.

Sleep : Sleeplessness on account of sensations of dry heat ; cannot rest in any position ; wakens at two A. M. with cramps in the legs ; makes many motions of the arms and legs in sleep.

Accompaniments : Loss of appetite ; aversion to the ordinary duties and pleasures of life ; hoarseness and rawness in the throat ; dry, hollow, spasmodic cough, with spurting of urine from the bladder when coughing.

Special Sphere of Action : This drug is applicable to those who are predisposed to rheumatism, paralysis and cough. As a mental remedy it is useful in cases of melancholia, where the patients are inclined to look upon the dark side of life, and who are timid and apprehensive of approaching disaster (also calcarea carb.)

(17.) CHAMOMILLA.

General Action: Cerebro spinal system.

Brain and Spinal Cord: Violent, stinging, pressing, burrowing headache; pressure from the vertex extending over the forehead and temples; congestion of the brain, following fits of anger; stiffness of the cervical muscles; drawing pain in the scapula; pain in the back, extending through the abdomen to the front and into the genitals; severe pain in the loins and hip-joint at night.

Mind: Irritable; impatient, peevish and snappish; extreme sensitiveness to external impressions (also coffea, ignatia, belladonna and staphisagria); imagines that he hears voices of absent friends at night; bad effects of anger; always out of humor; cannot give a civil answer. The patient is extremely cross and sensitive. (Nux is cross, but not so sensitive as chamomilla.)

Sleep: Sleeplessness from pain and from ill-temper; even while sleeping the patient moans, weeps, wails and starts suddenly; on falling asleep is tormented by anxious and frightful dreams.

Accompaniments: Sharp, maddening toothache; griping colic, with flatulence; severe pains across the abdomen, followed by bilious diarrhoea; menstrual colic, following anger; membranous dysmenorrhoea and acrid discharges from the vagina.

Special Sphere of Action: It is adapted to diseases characterized by severe cramping and colicky pains. The mental state is one of intense whining, moaning, groaning, complaining, restlessness and irritability. Chamomilla patients are horribly cross and ugly.

(18.) CICUTA VIROSA.

General Action: This drug acts as a cerebro-spinal irritant, producing epileptic convulsions; tetanus, and general tonic and clonic spasms.

Brain and Spinal Cord: Severe occipital headache; vertigo; convulsions with opisthotonos.

Mind: Dull and stupid, or patient indulges in weeping and howling; sometimes great mental excitement exists, and the patient sings, shouts and dances.

Accompaniments: Grinding of the teeth, swelling of the tongue, difficult speech, involuntary

micturition, involuntary twitching of muscles in arms and fingers (also cuprum.)

Special Sphere of Action: Mental depression and anxiety, accompanied by vertigo; after traumatism; general paralysis with twitchings; and sometimes loss of consciousness; mental anxiety with violent hiccough. Cicuta is one of the best remedies for persistent hiccoughing known in the Materia Medica. Other remedies for hiccough are nux, hyoscyamus, stramonium, and chloral hydrate.

(19.) CIMICIFUGA RACEMOSA.

General Action: It produces cerebral and spinal hyperæmia, with irregular motions and great weakness of the extremities.

Brain and Spinal Cord: Headache throughout the whole brain, with sense of soreness in the occipital region; brain feels too heavy and too large for the cranium; the top of the head feels as if it would fall off.

Mind: Great melancholy with sleeplessness, followed sometimes by exhilaration; hallucinations of sight, sees rats and sheep; sensation as if a heavy black cloud had settled over her and enveloped her head so that all was darkness and confusion; and at the same time there was a weight like lead upon the heart; suspicious and indifferent; taciturn; takes no interest in household matters (also Sepia).

Sleep: Sleeplessness from nervous irritation; sleeplessness with melancholy mood.

Accompaniments: There is a general rheumatic diathesis with severe cutting pains in the joints and in the back. In women there is with the mental depression a sensation of weight and bearing down in the uterine region (also Belladonna), with a feeling of heaviness and torpor in the lower extremities; retarded menstruation; suppression of menses from a cold, with rheumatic pains in the limbs; general muscular rheumatism; rheumatic pains in the head, extending down the neck and back; tremulousness of the muscles throughout the body.

Special Sphere of Action: Mental depression associated with uterine diseases; mental depression accompanied with rheumatic pains; mental depression and tremulousness following overwork and active dissipation; delirium tremens;

bad effects of opium. For the latter macrotin, the active principal of *cimicifuga*, is specially and wonderfully valuable. The third decimal trituration given in two-grain doses every two hours will relieve those suffering from the excessive use of opium or alcohol, particularly where there is intense prostration of the physical forces and general tremulousness throughout the system.

(20.) CINCHONA.

General Action: Cinchona acts upon the ganglionic nervous system and hence it affects especially the functions of vegetative life. Cinchona changes both the quantity and the quality of the blood. Under its influence the blood becomes thin and watery, circulation becomes impaired and we have general debility and erethism, followed by chills, fever, sweat and finally hemorrhages. Cinchona produces congestion of the liver, prostrating the functions of that organ; it produces excessive sensitiveness of the entire nervous system.

Brain and Spinal Cord: Intense congestion of the brain; intense throbbing headache; vertigo; ringing in ears; deafness; blindness; with the dizziness there is a feeling as if the head would burst; this feeling is worse from motion or sudden jar.

Mind: Chooses wrong words and expressions; the patient cherishes a fixed idea that he is unhappy, and that he is persecuted by his enemies; feels impelled to jump out of bed; wants to destroy himself but lacks courage; is low-spirited, gloomy; has no desire to live; cherishes an insupportable anxiety; and, above all, is stubborn and disobedient. Very many patients are sent to insane asylums because they have been made insane, in my opinion, not alone by the diseases from which they suffer, but also by the blind, reckless and unwarrantable use of cinchona or its alkaloids, given in overpowering and disastrous doses.

Sleep: Irresistible desire to sleep after eating; constant yet unrefreshing sleep; at times sleepless from ideas crowding too rapidly upon each other; the patient is bent upon making plans for the future, hence his sleep is short and unrefreshing.

Accompaniments: Loss of appetite; slow digestion; thin, watery, involuntary diarrhoea; weakness and debility from long-continued sickness, and from excessive loss of fluids from the body.

Special Sphere of Action: Melancholia and sub-acute mania where there is general anæmia, profound debility, and a tendency to periodical aggravation of all the symptoms.

Theory and Practice.

Electricity in Therapeutics.

PROFESSOR HELMUTH'S clinics have recently afforded us opportunities of witnessing the method of treating diseases by electrolysis—thus illustrating one of the many applications of the "mysterious force" in the practice of medicine.

Electro-therapeutics has been classed with the post-graduate studies, and such it undoubtedly is; but since the number of those who take a post-graduate course is small as compared with the great mass of medical students—and there being no place in the already crowded lecture scheme for special instruction in this subject—it may not be amiss to here consider briefly the uses of electricity in therapeutics.

Nothing could be farther from the truth than to suppose that the possession of a battery will at once make an otherwise well-informed physician a skillful electro-therapeutist. On this point an eminent authority says "that the skill and requisite knowledge in this special branch comes only by close observation, hard study, and much experience."

As is well known, the three forms of electricity—galvanic, faradic, and static or franklinic—are now employed in the treatment of disease.

The "general indications" of the galvanic and faradic current have been presented thus*—
"The galvanic should be used:

1. To act with special electrotonic and electrolytic power on the brain, spinal cord, sympa-

* Beard and Rockwell, Medical and Surgical Electricity, p. 265.

thetic, or any part of the central or peripheral nervous system.

2. To produce contractions in paralyzed muscles that fail to respond to the faradic.

3. In electro-surgery to produce electrolysis or cauterization.

The faradic current should be used :

1. To act *mildly* on the brain, spinal cord, sympathetic, or any part of the central or peripheral nervous system.

2. To excite muscular contractions wherever the muscles are not so much diseased as to be unable to respond to it.

3. To produce strong mechanical effects."

Static electricity, by reason of its great electromotive force, is employed in the treatment of "deep-seated muscular rheumatism;" also in synovitis to promote absorption of the fluid, and in the enlarged joints seen in articular rheumatism.

Again it is used as an accessory in supplementing the faradic current.

All of these forms produce sedative, tonic or stimulating effects, according to the condition of the patient, the method of application, and the apparatus employed.

Dr. John Butler in his interesting work treats of the application of electricity according to the homœopathic law. The difficulty of accurately proving this "imponderable agent" is apparent; but we know certainly that electricity will produce paralysis, and it will cure it. The tremendous electro-motive force of the lightning will cause death, and in cases of suspended animation electricity is the most important agent in renewing the activity of the functions. Electricity will contract muscles powerfully, and it will relieve such contractions when pathological. Beard and Rockwell inveigh against "the habit of treating the name of the disease rather than the condition of the system of which the symptoms are the result and expression." This principle is so nearly akin to one of the chief tenets of homœopathy that it should receive a cordial reception at our hands.

Our space will not admit of dealing with the various methods of applying electricity, such as general and local faradization, general and local

galvanization, electrolysis and galvano-cautery. We may say, however, in passing, that localized applications will not have general tonic effects; that, as a rule, mild currents are better than strong ones; that it is always the part of wisdom to be conservative in the size of the dose, for electricity, like many another good thing, has been greatly abused.

Perhaps it is in the treatment of nervous diseases that electricity has won its greatest triumphs.

Neurasthenia, which should share with dyspepsia the distinction of being "the American disease," finds in electricity a strong palliative agent. Indeed, it is doubtful if all other remedies combined have done as much to relieve this condition as has the one we are considering.

That to the neuralgic patient electricity comes as a messenger of good tidings, no one can doubt who has seen its effects.

In differentiating between the galvanic and faradic currents in the treatment of this disease Rockwell offers as a guide the statement that "Where firm pressure over the affected nerves aggravates the pain the galvanic current is indicated, while the faradic current has the greater power to relieve when such pressure does not cause pain."*

Chorea, insomnia, anæsthesia, peripheral paralysis and hysteria, are among the captives who walk beside the chariot of this modern conqueror.

Obstetrics and gynæcology present a wide field for the employment of electricity. Amenorrhœa, dysmenorrhœa and menorrhagia are many times so readily controlled by electricity that in future women will rise up and bless the physician who makes use of it. In that serious and hitherto dreaded condition, extra uterine pregnancy, the galvanic current has repeatedly destroyed the foetus "without injury to the mother." Cases of post-partum hæmorrhage, retained placenta, and certain stages of delayed labor discover in electricity an invaluable aid. Respiration may be excited in the still-born child by this means.

Electricity acts so powerfully upon the organs

* A. D. Rockwell, Lectures on Electricity, p. 70.

and tissues of the body that in cases of defective nutrition a very perceptible increase of weight has often been noticed.

It promotes the excretory and secretory functions, especially of the kidneys, the sweat glands, the mammary glands and the testicles, gives tone to the organs of digestion, and regulates the action of the bowels.

We have only touched upon some of the principal indications for the use of this important factor in the physician's armamentarium; but if our words should lead another to test its power for himself, our object will be gained.

"FARADIC."

Indigestion.

CASE REPORTED BY W. U. REYNOLDS, '86.

SATURDAY, December 21st, Mrs. ———; æt. about 60; after eating some pork and partially baked cake at the evening meal, was seized with vomiting. She was not very uncomfortable after relieving her stomach, and about nine o'clock retired to bed and slept. At eleven o'clock was again taken with vomiting, and this time with purging also. She fainted at stool and her skin became cool, with cold sweat on forehead and face. She had pain in the abdomen, cramps in the calves and involuntary fluid passages. Vomited matter clear fluid. Complained of pain as from wind in stomach; also of flatulence and occasional eructation.

Reached patient about fifteen minutes past eleven and found tongue dry and cracked; pulse eighty and very feeble. Gave *veratrum album* in water, two teaspoonfuls at a dose, and sent for a neighboring physician, not being authorized to assume responsibility, and especially as it appeared to be a serious case. Before his arrival had followed the *veratrum* with *carbo. veg.*

The pulse became stronger, and other signs of amelioration came shortly after the first dose of *veratrum*. The *carbo. veg.* did not seem to do much good, and a second dose of camphor, which we thought applicable to the condition, was vomited, and a return of the diarrhoea followed. The *veratrum* was then resumed alone, a dose every twelve or fifteen minutes, with hot

bricks to stomach and feet, and a continuance of the rubbing of the calves when cramps occurred.

This treatment was continued about an hour and a half or two hours, with rapid improvement in the patient's condition. At about three quarters past two she fell into a quiet sleep which lasted till eight A. M., when she said she felt much better.

Sunday, 10.30 A. M. Has a frontal headache and bitter taste in mouth. Pulse, 90. $\mathfrak{B}$ Bryo.³

5.30 P. M. Feels "pretty good." Headache gone, but has soreness in epigastrium, and still complains of flatulence and eructations. Face is dark red, skin dry, is restless, but has not much thirst. Has eaten a little barley soup and taken milk, some of it containing brandy. Pulse 98; temperature 101.5. $\mathfrak{B}$ no brandy, *acon*³ in water, q. bih.

9. P. M. Temperature, 99.9; pulse, 86. Very much easier, with surface bathed in a gentle warm perspiration. Had only taken two doses of the remedy. Has had stool, and complains of feeling weak after it. Stool liquid, yellow, painless. $\mathfrak{B}$ sulphur[∞].

Monday, 10.45 A. M. Pulse, 84; temperature, 99.1. Tongue dry, cracked, poppy taste in mouth, feels weak but has no pain. Had a passage during the night, and one during the morning. Stool yellow, painless. Complains of sensation as of wind in stomach. $\mathfrak{B}$ Bapt. IX. and Podo.³.

Seven P. M. Temperature, 99.6; pulse, 80. Is very comfortable. Diarrhoea stopped after second dose; was not so weak after stool. Did not take but the two doses. $\mathfrak{B}$ medicine only if have another stool.

Tuesday, 9 A. M. Pulse, 80. Is out of bed, and "feels very good." Skin natural to touch. Had had four or five passages during the night and morning. $\mathfrak{B}$ Podo³ every two hours.

Half-past seven P. M. Pulse, 80. Temperature, 99.5. Tongue white, with red tip and edges, centre peeling, angry look. Has had four passages, yellow and painless. Is restless. Thinks the beef soup she took did her harm. Does not feel weak. $\mathfrak{B}$ Bapt. IX. and Podo³ every hour alternately.

Wednesday, 9.30 A. M. Pulse, 82. Temper-

ature, 98.9. Is better ; no more diarrhoea ; only took medicine till ten P. M. Abdomen easy. Tongue cleaner, but still red and angry. $\mathcal{B}$ clinca, five drops in half glass water, two teaspoonful dose every two hours.

Half-past seven P. M. Has been up most of the day. Tongue very bright red, slightly white centre and base, somewhat swollen at tip. Only one passage to-day. Face slightly puffy. Painless clutching or grasping under left breast. Urine thick, dark and scanty ; only passed once. $\mathcal{B}$ Apis 1 in water.

Thursday, 9 A. M. Had arisen early. Face not puffy. Said she did not need any more medicine. Only felt "a little weak."

Miscellaneous.

Something for Consideration.

WHEN a young man begins the life of a professional Homœopathist, in order that he may respect his profession and himself, and for the welfare of his patients as well as his own success, it seems to me that the two great essentials are : Confidence and Conscientiousness. Now, the capacity of the average student and the present schedule of the college seem to be unproportionate. The students are conscious of their inability to master the complete and detailed course so generously arranged by each professor, and are in consequence struggling between the fires of anxiety and discouragement until any study other than "cramming" becomes indefinitely postponed.

This is, indeed, rankling in the bosom of true conscientiousness ; and the student whose head is battered and bruised with a shower of two hundred drugs in one hundred and forty odd days is not the average man if he can go into a community and feel sustained by his confidence in his knowledge of *Materia Medica*.

A common sentiment among us is : "O, if I can only get through my examinations I will begin to *learn* how to practice medicine after I get out." Is this the proper state of things ? What do we attend a medical college for ? Fifty

voices answer : "To get a diploma." And it is a grievous paradox.

As a hopeful aspirant to the honorable profession of medicine, allow me, out of the fullness of a well meaning heart, to suggest what I feel to be the need of a young physician. For instance, if I am called to the scene of an accident, where a man has been thrown from his horse, and I find him suffering coma, I want to know how to say whether it be the result of a compressed fracture or of the too free use of alcohol ; whether accident caused the coma, or alcoholic coma caused the accident. If I am summoned to the bedside of a woman in labor, I will need to know—and know absolutely and immediately—*what* to do and *how* to do it ; although it would be highly advantageous to be familiar with all the soft and bony measurements of the female pelvis. If I am called at 3 A. M., say, before my shingle has glittered in the sunlight of a second day, to a case of typhoid fever or pneumonia, what I will need to know is how to detect it, and which one of a half dozen drugs is applicable to the case—which one I can give and go away feeling reasonably certain I have done as well as could be done. Of what benefit at that anxious moment would be the ghost-like procession of two hundred drugs passing before you, and in whose pale and forgotten faces you could recognize nothing save here and there the grave label "Fever Group."

What we want, it seems to me (since we cannot master all), is the practical—the important knowledge and the means to be used in critical and serious cases, and we want *this* drummed into us ! Why spend the precious hours of these short, privileged years grinding on the treatment of *chronic* disorders, when our very first case may die for want of a little knowledge that we might have gained while we were struggling with *Diseases of the Skin or Insanity*.

Especially in our *Materia Medica*, it appears to me, we ought to have more *drill* on *fewer* drugs (say forty or fifty), and when we come to practice have *something* definitely fixed in our minds—something to show for and something to answer for three years' hard study.

Give us *one* drug ! Drill us until we have

learned it and all its practical applications, then when we go to the bedside we can at least say it *is* or *is not* a case for our one drug. Give us *twenty* drugs in this manner, and we will go into the field with confidence, and our prescriptions will be made conscientiously. B.

College Notes.

BARNUM, '85, escaped from the Island one day last week and was seen at the college.

How many of the Senior Class intend to visit Europe this summer? An excursion of physicians goes from Chicago.

PROF. S. F. WILCOX, being Executive Officer of the Hahnemann Hospital for the past month, has furnished the class with several fine opportunities to witness important operations.

WE could easily fill one page with the various "Openings" and "Practices for Sale" that are stuck up on our bulletin board and in the students' room. Surely no one can fail to find a place to locate.

DR. R. L. MCFARLAND, '85, who is now located at 744 East Fifth street, this city, and lately elected Visiting Physician to the Homœopathic College Dispensary, made us a brief call a few days since.

PROF. McDONALD does not wish it recorded as his opinion, as stated in our last issue, that "menstruation and ovulation could not be separated," as he believes that ovulation may and frequently does occur independent of menstruation.

DR. CHAS. B. MORRELL, a graduate of Pulte, and since a practitioner in Cincinnati, has been spending the winter in the city attending special courses in the New York Ophthalmic Hospital and the New York Post Graduate Medical School.

At a meeting of the class of '88 Messrs. F. W. Hamlin, A.B., and Z. P. Fletcher were elected to positions on THE CHIRONIAN, the former to act as Assistant Editor on College Notes, the latter in the capacity of Assistant Business Manager.

THE absence of any student from the lectures for more than one day is always sufficient guarantee of something serious. Although several have been sick this term, we have had to note no serious illness. Among those lately on the sick list we notice Stutz, Smoot, Dowling, of '86.

If you are a student and see a member of your class approaching you with a paper in his hand and a look of important business on his face the best way is to ask at once: "How much do you want?" for the odds are it is a subscription of one variety or another. But this won't last long.

THE competition for the various appointments on the different hospital staffs promises to be a brisk one among our graduates. A year in a hospital forms a suitable dessert after the lengthy repast of three years in college. An opportunity then presents itself of finding out what has been assimilated of the enormous amount of mental pabulum which has been forced through the Pylorus of our intellectual stomachs.

THE members of the Hahnemann Institute of Philadelphia, an organization of similar character to our Hahnemannian Society, had the pleasure of listening to a lecture from our professor of physical diagnosis, Dr. J. W. Dowling. Twenty-nine years before he stood on the same platform as vice-president of the same organization. It is unnecessary to add that his lecture was carefully followed and thoroughly enjoyed by those present.

THROUGH the courtesy of Prof. Helmuth at the regular surgical clinic last week, Mr. S. A. Darrach, of Newark, N. J., was allowed the opportunity of showing his method of treating Pott's Disease, Spinal Curvature and various forms of Paralysis, by means of his wheeled crutches, raw hide corsets and supports. All his appliances seem constructed with strict regard for the anatomical relations of the parts diseased, and from the evidence submitted may be capable of producing remarkable results.

THE following is self-explanatory and is a copy of a notice which the Resident Physician of the Dispensary has found necessary to place in a prominent position in his office:

I.—I do n't know who is to succeed me.

II.—There is to be a competitive examination.

III.—My term expires April 1, 1886.

IV.—I think I'll go to Mamaroneck, Westchester Co., N. Y.

V.—Yes ; practice is large, about \$8,000 first year ; \$150 afterwards.

VI.—Yes ; I like it.

VII.—No ; I don't.

VIII.—Don't think I'll get married yet.

IX.—Good day !

AMONG the complexity of symptoms of our innumerable drugs we should not lose sight of one most valuable therapeutic agent that may be exerted, acting with direct force through our personal influence.

Call it magnetism, mesmerism, electro-biology, faith cure or what not, and prove, if you please, that none of the above mentioned phenomena exist, still there remains the indisputable fact that one individual may exert great power over another.

Whether these effects are wholly through the imagination or not matters little so long as they are produced.

Ideas must emanate from an inner consciousness, but frequently impressions received from without tend to mould and shape these same ideas.

In disease the machinery of the mind frequently revolves with increased rapidity.

From the summit of exhilarating hope the patient may leap into the fathomless abyss of insufferable melancholy.

Then it is that any person, and more especially does it apply to the members of our profession, may light anew the feeble torch of dying hope in a body racked with pain, and impart comfort, cheer and courage to the disheartened sufferer.

How this is to be done cannot be told in words. It must be through an exertion of the individuality of the attendant, and conveyed in his countenance and every action.

Stimulate the invalid to exercise that fortitude and courage that shall bear him up when the billows of disease might submerge him in their dark waters, and it will act when remedies fail.

This may be a "high potency," but it is a "specific," and very frequently "indicated."

'88's Banquet.

THE first annual banquet of the Class of '88 took place at A. Riccadonna's, 42 Union Square, March 5th.

Arriving at the banquet-room thirty-four sat down to the well-appointed table at 9:30 P. M.

Before attacking the supper a vote of thanks was tendered that member of the class who furnished the *boutonnieres*, but modestly withheld his name.

The courses followed each other in the approved style, while the well-known college songs, led by Jones, Clausen, Hamlin and Woodruff, were rolled out in a mighty volume. At length the dessert was reached and the masseters grew weary.

At this juncture Platt, the toastmaster, presiding with his usual dignity, arose and made the introductory address, which was heartily received.

The programme was then announced in the following order :

1. Toast.—Diagnosis of '88. H. C. JEWETT.
"Infinite riches in a little room."
2. Piano Solo.—Hessian Mazuka. A. HOLLY.
3. Toast.—The College. F. W. HAMLIN.
"The head and front of American Homœopathy—
May we ever keep her memory green."
4. Chorus.
5. Toast.—The Faculty. J. M. WOODRUFF.
"Thanks to men of noble minds is honorable
meed."
6. Vocal Solo.—The Champion of the King.
C. N. PLATT. Accompanist, E. S. SMITH.
7. Class Poem. W. H. SAWYER.
8. Violin Solo.—Flower Song. W. A. WAKELEY.
9. Toast.—The Ladies. J. C. JACKSON.
"O woman ! lovely woman ! nature made thee to
temper man.
We had been brutes without you ;
Angels are painted fair to look like you ;
There 's in you all that we believe of heaven :
Amazing brightness, purity and truth,
Eternal joy and everlasting love."
10. Vocal Solo.—Serenade. C. N. PLATT.
11. Toast.—Prognosis of '88. T. C. WIGGINS.
"Season your admiration for awhile with an attent
ear, till I may deliver, upon the witness of these gen-
tlemen, this marvel to you."
12. Chorus.

The responses to the toasts were made in such a manner as to cause every member of '88 to be proud of his class relation.

Who can soon forget the keen diagnosis of Jewett, or the able address of Hamlin, or Woodruff's speech so replete with wit and good sense?

Indeed, it is difficult to give those who were not present a true idea of the ability which these efforts evinced, or the enthusiasm with which they were received, without conveying the impression of wilfully exaggerating. Sawyer's poem, with its happy hits, met with a cordial reception; while Jackson's response to "the Ladies" was in such a truly gallant and appreciative style as to make us wish it had been longer.

Then came Wiggins, with a prognosis, in which each man was dealt with separately, and some again collectively. Interesting, witty, and containing many a good lesson, it held no small place as a feature of the occasion.

The musicians were enthusiastically applauded and compelled to respond to encores.

The supper gave universal satisfaction, so that when cheers for Riccadonna were called for they were given with a will. This polite man—finding it impossible to make a speech in acknowledgment—was compelled, in lieu thereof, to shake hands with each of his guests.

All declared the affair to be a grand success, and look forward to the annual repetition with great interest.

Hahnemannian Society.

MARCH 10, 1886.

MEETING called to order at 7:30 P.M. by President Smoot.

Three new members were received.

After the roll call and the reading and acceptance of the minutes of the last regular meeting, Mr. W. U. Reynolds, '86, read a paper on Nerve Force and the Nervous System.

Mr. G. B. Best, '87, read a paper entitled "Something for Consideration," being a statement of the needs of the medical student in the way of instruction best calculated to fit him to

meet, as a young physician, the emergencies of every-day practice.

Mr. S. H. Knight, '86, presented a paper on "Germs," in which he recounted some of the experiments made in this field, described some of the different classes of germs, their form, habits and manner of reproduction, without attempting either to prove or disprove the germ theory of disease.

Mr. Winchell, '86, presented the longest and most exhaustive paper of the evening, on "Neurasthenia." He traced the etiology, the symptoms, the differential diagnosis, and gave a synopsis of the treatment, medicinal and other, calling attention to the fact that in none of the standard works on Practice could a satisfactory description of the trouble be found. This concluded the literary exercises of the evening. A vote of thanks was tendered the gentlemen who had read papers.

The society proceeded to the election of professors to sign the diplomas with the following result: Anatomy, D. J. Roberts; Physiology, W. B. Witte; Chemistry, S. H. Knight; Medical Chemistry and Toxicology, Telford; Pathology, W. B. Winchell; Histology, Grimm; Medical Jurisprudence, J. H. Hallock; Sanitary Science, C. H. Dodge. In the Senior branches the Quiz-masters of the past month were made the professors.

President Smoot announced for the Committee of Arrangements that the assessment necessary to meet the expenses of Commencement would be seventy-five cents per member. Also that Mr. G. M. Smith, '87, had been appointed head usher at Chickering Hall, and Mr. W. T. Helmuth, Jr., head usher at the University Club Theatre.

Committees on Diplomas, on Printing and on Music made reports.

The Treasurer, W. T. Helmuth, Jr., reported a balance in the treasury of \$41.95.

On account of the absence of some of the members of the Glee Club, there was no music.

After the informal reading of the minutes and the roll call the meeting adjourned.

G. T. HAWLEY,
Secretary.

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THE CHIRONIAN will be sent until ordered discontinued.

THE second volume of THE CHIRONIAN approaches completion. During the past year the journal has been forwarded regularly to all our alumni, as well as to many others known to be interested in college matters. This has not been done from any desire to force the journal into notice, or to extort reluctant payment from uninterested readers. On the contrary, this method of procedure was imperatively demanded in order that THE CHIRONIAN should be enabled to completely fulfill its mission. It was not enough to print a certain number of copies containing accounts of college work and progress, but it was essential to so employ these messengers of the press that they should convey to our graduates the latest intelligence respecting their Alma Mater, revive their failing interest, and urge a halting resolution to prompt and concerted action. And so it happens that many who are not subscribers receive the paper regularly. It comes to you not, then, as the precursor of unwelcome bills, but as a modest and unassuming visitor from the scenes of your student

days. To those who are indifferent to the journal and decline to aid it in its chosen work we have naught to express save regret that we must press on without them. To those who retain an interest in their Alma Mater and approve the policy of THE CHIRONIAN, we should suggest the propriety of allowing such approval to assume that concreteness which is most conducive of journalistic longevity. In other words, we should be very glad to receive checks from all who have not remitted up to date. There is no money made by any one connected with this journal. On the contrary, unless subscriptions to be received shall balance the scale there will be a deficit. We hope those who intend to pay for THE CHIRONIAN will do so at once in order that our accounts may be closed when the last number goes to press.

DURING the past winter the Legislatures of several States have passed laws making imperative the teaching of Physiology and Hygiene in the public schools. The law also requires that special attention be given to the action and effect of alcohol upon the human system. These laws have been passed in deference to the demands of the temperance people, whose only aim in securing their enactment is to teach the youth of the land the pernicious effects of alcohol and (in some States) tobacco. This is well enough and is advisable on many accounts, provided the instruction be real, based upon facts, conveyed by a teacher of sense and judgment, and not catechismal parrot work, as is too often the case in the perverted and sophistical teaching of fanatics. But there is another reason why the teaching of Physiology and Hygiene in our schools should be encouraged. Sanitary Science is to-day an important branch of medicine. A proper comprehension and application of its laws have saved many populous centres from dreaded epidemics of fatal disease. Now,

it is desirable that the hygienist and physician should find something in the public mind to which they can appeal—some little stock of universally acknowledged truths, which may serve as a foundation for their warnings and predispose towards an intelligent obedience to their recommendations. An elementary knowledge of physiology supplies those ideas of the constitution and mode of action of the living body, and of the nature of health and disease, which enable the physician to satisfactorily impart instruction in Sanitary Science. How difficult it is to teach ignorant men and women the necessity of obedience to the most elementary rules of health, is shown by the recent vaccination riots in Canada and but a short time ago the shameful exhibition of popular ignorance and superstition in the cholera districts in Spain. The want of heartiness of belief in the value of a knowledge of the laws of health and disease and of the foresight and care which this knowledge gives is due to an unavowed and half unconscious undercurrent of opinion that the phenomena of life are not only widely different in their superficial characters and in their practical importance from other natural events, but that they do not follow in that definite order which characterizes the succession of all other occurrences, and the statement of which we call a law of nature. There is nothing to support this notion, for sufficient knowledge has now been acquired of vital phenomena to warrant the assertion that there is absolutely nothing exceptional about these phenomena. It is quite possible to give instruction in elementary physiology in such a manner as not only to confer knowledge, but to excite the nature and to prepare for further advancement. Those who object that a little physiology is a dangerous thing are invited to read the following by an eminent writer: "The saying that a little knowledge is a dangerous thing is to my mind a very dangerous adage. If knowledge is real and genuine I do not believe that it is other than a very valuable possession however infinitesimal its quality may be. Indeed, if a little knowledge is dangerous where is the man who has so much as to be out of danger?"

Theory and Practice.

Some Elementary Points in the Diagnosis of Inflammations of the Kidney.

BY PROF. GEO. M. DILLOW.*

THE lecturer, having remarked at length upon the importance of a knowledge of general chemistry, expert manipulation in urinary testing, and the oftentimes grave significance of minute amounts of albumen, to discover which the employment of the more sensitive tests was considered essential, proceeded as follows:

But I must say again that the albumen should be fully accounted for; for the mere fact of its being in so-called traces—remembering that the term trace is a varying expression depending upon the skillfulness of the tester—is no evidence that your patient has not a grave lesion of the kidney, or at least is not in the earlier stages of a dreaded and fatal disease which can be arrested. Your attentions should be directed to the fact that the symptoms described in the books refer almost exclusively to the fully-developed disease when medical art can intervene too late as a rule for a cure, and very often too late for temporary arrest.

This introduces you to my third point—the indications which should direct to an investigation of the urine. The books lay principal stress upon the pulse of high tension, the hypertrophied heart, apoplexies, disturbances of vision, convulsions, coma, dyspnoea, and other uræmic symptoms, upon dropsy, frequent micturition, the passage of small quantities of urine of high specific gravity, or of large quantities of urine of low specific gravity, and so on. I would by no means belittle these important indications, yet at the same time their absence may blind you into overlooking many cases of renal disease. Simon says that two-thirds of the cases of kidney affections are not detected.

* Part of a lecture delivered before the Hahnemann Institute, of Philadelphia, Pa.

This statement may be and probably is founded on vague generalization approaching exaggeration, and yet it states nearly a truth. Leaving out of present consideration the question of perfunctory testing, the cause of this oversight lies in waiting for these pathognomonic warnings before a thorough examination of the urine is performed. It is surprising to find how often kidney troubles exist without any of them. For example, a gentleman consults me about an indigestion. He says that he has been overworking of late, has eaten irregularly and with haste, has n't slept very well, and has run down generally a little. He thinks he may have a touch of malaria. His pulse is natural; there is no hypertrophy or lesion of the heart; no symptoms except such as I have stated. Do you get up in the night to urinate? No. Do you pass more or less urine than usual? The urine passed in the office has about the normal specific gravity for the time of day, and looks very natural. There is apparently no albumen from boiling and acid. Yet, not being satisfied, a specimen of the twenty-four hours is requested. The quantity measured is two pints, f 3 32, or 960 cu. c. m.; the sp. gr. is 1.018. Thus the total solids are about forty grammes when they should be from sixty or seventy. Why, then, this reduction of solids when the gentleman was eating with good appetite? Tanrat's test shows a marked albumen translucence; Heller's method indicates $\frac{1}{16}$ of 1% of albumen. The microscope shows a few renal epithelia, and three or four hyaline casts on a slide. The diagnosis of chronic interstitial nephritis in this case has been verified by the subsequent observation of a year. Now, this is an example of a class of cases which I often meet. Let me cite another with which I had no connection. A physician, never very strong, had suffered from nervous prostration for two or three years. He awoke one morning about four o'clock and talked with his wife; they then fell asleep, and when his wife awoke a few hours later he was dead by her side. The autopsy revealed cirrhosis of the kidney, which had never been suspected, and nothing else. Apropos of this case let me cite another.

A gentleman of seventy called me for the first time for the relief of an epigastric pain associated with a good deal of wind in his stomach, which oppressed his breathing. He was sure it was nothing but wind, for he had found relief during the previous year as soon as he could get it up. The symptoms had recurred at intervals during the year, sometimes at night and sometimes during the day. His last attack had frightened him because he had felt so faint and weak with it. A slight flush upon a rather sallow cheek led me to take his temperature, which was 100 F. There was no cough, but increase of respirations to about 28 per minute. The pulse was 80, soft, irregular in force and rhythm. An examination of the chest showed some increase in the area of cardiac dullness, but no abnormal valvular sounds on auscultation—no indications of pericarditis. Over the lower lobe of the right lung posteriorly there was fine crackling crepitation with slight increase of dullness. Questioned about his urine, he said that he thought it had been as usual during the year, but for a day back it had been scanty and dark. No specimen being then obtainable, I directed that it be collected and sent to me. It was extremely high-colored, deposited urates freely, had a sp. gr. of 1.030, but amounted only to 8 f 3 in the 24 hours, thus containing only about 17 grammes of solids—a diminution altogether too great to be accounted for by light diet. Nitric acid and heat showed no albumen. Heller's contact method was obscure because of the abundance of urates until after clarification with potash it indicated $\frac{1}{16}$ of 1%—heat alone gave a slight cloudiness—but the microscope showed a field abounding in renal epithelia, some degenerated, and a great number of dark granular hyaline and epithelial casts. A diagnosis of an acute croupous nephritis supervening upon a chronic interstitial nephritis with cardiac hypertrophy, and the first stage of pneumonia, affecting the lower lobe of the right lung, was then formed. The subsequent history of the case was this. There were no new symptoms except steadying of the pulse and disappearance of the epigastric pain, the appearance followed by disappearance of crepitation in the lower left lung, until upon the third day of his

illness he rose to make water, sat upon the side of the bed, and fell back dead. The autopsy revealed a heart weighing 19 oz., with valves and coronary arteries intact. The left ventricle was greatly hypertrophied, but without dilation or fatty degeneration of the muscular fibres. The lower lobe of the right lung was deeply congested and contained exudation; the lower lobe of the left lung was congested without exudation. The stomach revealed chronic catarrh, and the kidneys verified the diagnosis formed from an examination of the urine. Here is another case illustrating my point: A young man of 30, of robust muscular physique, had four or five years ago a malarial fever, according to the diagnosis of his physician. He recovered from this, but had what he called a weak stomach, requiring some care in diet, and showing itself principally in vomiting when he was on his way to business about 3 o'clock in the morning. He indulged excessively in sexual intercourse, until he found that erections began to fail him, when he consulted his physician. The physician, an eminent man, treated him along for spermatorrhœa, without examination of his urine. Getting no better sexually and losing in flesh and spirits, a specimen of urine was requested last January for the purpose of searching for spermatozoa, when it was discovered that the urine was albuminous. He then improved; but in the summer was seized with mild peritonitis. As he was recovering from this, he passed into my hands and during the two months of my treatment he had uræmic convulsions and coma, endo and pericarditis, renal dyspnœa, pleuritis with effusion, pneumonia, two attacks of œdema of the lungs and, again, peritonitis—in fact, ran through about the whole gamut of the interrent inflammations of diffuse interstitial nephritis, yet without a headache or a trace of dropsy. He died suddenly of paralysis of the heart eight months after his disease was discovered and probably several years after it began. I have cited enough cases, gentlemen, to illustrate my point—which is, not to rely upon general indications of nephritis to lead you into an investigation of the urine. You hear a great deal said about the dangers of routine practice. There is one

kind of routine which cannot be too strongly counseled—and that is, the routine of painstaking survey of all the organs of your patients, including the kidneys. And if we remember how little subject to pain they are even when profoundly diseased; how insidious and usually gradual is the approach of their affections; how long it may be before their diseases call attention to their existence by secondary implication of other organs and general symptoms, and yet how certainly their disorder is manifested by the fluid they secrete—I trust you will not consider me as claiming more than the facts warrant, if I urge early attention and thorough consideration of urinary facts as of equal importance in practical medicine with those which are usually placed much higher in ordinary estimation. In cases of chronic biliousness in adults passed and passing into middle life and old age—especially in flatulent dyspeptics—in functional and organic disorders of the liver, in diseases of the heart, in nervous disorders, in the acute inflammations especially of adults, as pneumonia pericarditis, even peritonitis, in cancer, especially of the pelvic organs, in people who are suffering from the malarial cachexia, in the so-called “malaria,” in the “neurasthenia,” in mental disorders, in rheumatism, in the zymotic fevers, and we still might go on enumerating, affections of the kidney, according to my experience, are *very* much more common than is generally suspected, oftentimes as a primary cause, sometimes secondarily, and their discovery has a most important bearing on prognosis and treatment. Even if no disease of the kidney itself is present, the urine will furnish most important data with which to judge other organs, and will give a clue to the nutritive-assimilating and de-assimilating functional activities of the patient, which the wise physician—if he would be really wise—cannot neglect. Urging then that the urine should be skilfully looked into with test tube, reagents and microscope, I would call attention, as my fourth point, to the estimation of urinary solids. Writers in English, as a rule, lay little stress upon them. They lay down rules of inference from sp. gr., regarding too little the ratio between quantity and sp. gr., which is a

true key with which to unlock many secrets of urinary diagnosis. Quantity considered alone, or sp. gr. alone, is a very unsafe guide. The urine is but water holding in solution certain substances, and sp. gr. goes up or down according to the proportion of water and solids. If water is diminished, the solids remaining the same, the sp. gr., of course, increases, and *vice versa*. And the regular diurnal and accidental variations to which the urinary water especially is subject makes the sp. gr. of a single voiding of uncertain significance. So there can be no safe guide except to ascertain the normal and abnormal adjustment of these varying relations by calculation of the total solids of twenty-four hours which, the quantity and sp. gr. being known, is but the work of a moment. We then have something exact as a basis of comparison instead of a shifting standard of guess work. Let me illustrate: I ask a patient how much water he is passing. He thinks it is about natural. He gives me a sample of his urine, which he may have passed in the morning. I take the sp. gr. and find it about 1021. That is a normal sp. gr., and I infer there is nothing the matter and take no more trouble about it. Yet it has happened within my experience that such a patient may have a glycosuria or a granular kidney, or a large kidney even. I have so often found this to be true that I place no confidence in the reports we read in the journals that the patient's urine was normal, the sp. gr. being so and so, and practically I have learned to disregard sp. gr. as a diagnostic sign unless I know at the same time that it is the sp. gr. of the whole twenty-four hours' urine which the patient has measured. About four years ago I asked for a sample of the twenty-four hours' urine of a gentleman whose weight was over 150 lbs., and who had a hearty appetite. He had had biliary colic, so his physician said, but his urine was normal. The sp. gr. was 1.024—the quantity twenty-four f 3. He was thus excreting about 375 grammes, more than twenty grammes less than a healthy man should. I examined for albumen—there was $\frac{1}{16}$ of 1%, an amount often found when the kidneys are organically intact. Yet, not being satisfied, I hunted carefully for renal epithelia

and casts. There were no casts, but a few renal epithelia. Yet I made the diagnosis of chronic interstitial nephritis from the urinary examination alone; as against the dictum of the books that interstitial nephritis has increased quantity of urine with low sp. gr.

A subsequent opportunity affording a physical examination of the chest, the heart was found hypertrophied, the pulse was tense; and a second examination revealed a few hyaline casts in the urine, and the same diminution in solids. I have followed the case since from time to time. Increasing albuminuria, at times decreasing, casts, uræmic symptoms, endocarditis, cerebral hemorrhage, dropsy and steadily diminishing solids have intervened. Yet the urine has never passed beyond f 3 40, nor below 24.

There is one class of cases in particular in which the total solids are of very great assistance in diagnosis—those cases of nephritis complicating disease of the bladder. I can illustrate best by a case. A gentleman, about sixty years of age, had a stone in the bladder, causing a high grade of cystitis. The urine, as it came to me, was ammoniacal, purulent, the pus melted to a jelly. It was difficult to estimate the amount of albumen which the pus might account for, and it was hopeless to expect to find in such an alkaline urine casts or even renal epithelia, pus, triple phosphates, amorphous phosphates and epithelia, everything being run together into an indistinguishable disintegrated mass. An opinion of a consecutive interstitial nephritis was, however, made from the great diminution of solids. The stone was removed, and he recovered. It was interesting to watch the gradual subsidence of the bladder catarrh and how, as the urine became less alkaline, hyaline casts were discovered. A couple of months after the operation the urine was acid, depositing oxalate of lime and uric acid. Here is the record: Quantity, f 3 32; sp. gr. 1.016; total solids, 35.5 grammes; albumen, $\frac{1}{16}$ of 1%; renal epithelia, scanty; hyaline casts, a few. The gentleman was then eating heartily, and should have eliminated 60–70 grammes. The case was followed through for a year and a half, the total solids gradually increasing to normal,

casts, albumen, and renal epithelia gradually lessening and finally disappearing, the health becoming apparently entirely reëstablished. On one Friday I examined his urine and found it apparently normal. On the following Sunday he was seized with angina pectoris and died. An autopsy revealed ossified coronary arteries and kidneys, revealing evidences of the former inflammation, which had left a few depressions from shrinkage upon the cortex. I would not have you infer, gentlemen, that I regard diminution of solids as necessarily indicative of nephritis, or that, under exceptional circumstances, an increase of solids may not obtain in inflammation of the kidney. I have observed only 20 grammes of solid constituents in the 24 hours without nephritis, and as high as 86 grammes with nephritis. In forming an opinion it is necessary to consider the nutrition of the patient—60-70 grammes for the average normal adult with an average appetite, calculating by Haeser's co-efficient of $2\frac{1}{3}$ —30-40 grammes of the average sick adult on slop diet, are the standards which my experience would verify. The patient passing 20 grammes was living on a few spoonfuls of Murdock's liquid food a day and opium. Her kidneys becoming affected a year later the solids diminished to 14 grammes. The case of the gentleman with nephritis who eliminated 86 grammes was particularly interesting as showing the effect of diet. When first observed the sp. gr. of his urine was 1.020; the total 24 hours' quantity being $f\frac{3}{4}$ 30, with an elimination of solids amounting to 42 grammes. On milk diet a month later the total quantity was $f\frac{3}{4}$ 88, sp. gr. 1.008, total solids 49.2 grammes—a month later, on the same diet, the solids were 55 grammes, the micro-chemical examination showing otherwise marked improvement; albumin, for example, having been reduced from 17 to 7 grains per diem—a month later, still on ordinary diet, the solids fell to 6 grammes, the quantity being $f\frac{3}{4}$ 38 with a sp. gr. of 1.019—a month later the solids to 44 grammes, the albumen increasing. Two months later, on resuming milk diet, the solids increased to 60 grammes—a month later, Nov. 6th, on ordinary diet the quantity was $f\frac{3}{4}$ 40, sp. gr. 1.016, total solids 45

grammes. On November 24th, having adopted the Salisbury treatment, hot water and meat exclusively, the solids rose to the 86 grammes mentioned, the total quantity of urine being $f\frac{3}{4}$ 3, with a sp. gr. of 1.022. While upon this diet the solids ranged from 65 grammes upwards—as soon as he resumed ordinary diet again they dropped to 50 grammes, where they remained stationary until he passed from observation shortly after. To sum up roughly in this case, on ordinary diet the solids ranged from 35 to 50 grammes; on milk diet exclusively from 50 to 60 grammes; and on hot water and beef alone from 65 to 85 grammes. I have always observed an increase in solids after changing from ordinary diet to that of milk exclusively.

I have adduced these dry figures to illustrate that in the same patient the sp. gr., total quantity of urine and solids may vary according to diet, and especially the amount of fluid taken; but that as soon as ordinary diet was resumed the total solids invariably diminished markedly below the normal. With the time at my disposal I cannot go into a full consideration of the inferences to be derived from them. But I would lay down a few general facts which my experience has confirmed. After making due allowance for the state of nutrition, I have found that in catarrhal nephritis, that is, nephritis with few or no casts, the estimation of solids enables one to make the differential diagnosis between the acute and chronic forms. Second, that in chronic nephritis they furnish the best gauge for estimating the degree of inflammation, and the amount of organic change which has taken place. Third, that in acute nephritis they serve to indicate the degree of severity of the inflammation. Fourth, that in the course of nephritis they furnish the best guide for judging the progressive or regressive course of the disease. Fifth, that by following them along in severe nephritis they enable us to anticipate grave uræmic seizures and intercurrent inflammations. Sixth, that they assist in forming a differential diagnosis between the so-called functional and congestive albuminurias and true persistent nephritis. Seventh, that they are invaluable in ascertaining nephritis complicating pyelitis and

cystitis. Into the question of the use of the urinary solids in forming an opinion in cases other than nephritis I cannot enter; but will say that I have often found them of so much value that I feel well rewarded for the little pains which their estimation costs.

It follows as a matter of course that if you have determined the urinary solids you have a specimen of the 24 hours' urine to examine. This brings me to my last point, which is the wisdom of requiring a specimen of the 24 hours' urine which has been measured by the patient. There is nothing in a patient's self-observation which is more unreliable than his guesses about his urinary secretion. Statements about quantity are particularly misleading. People have a repugnance to collecting and measuring urine, and if the physician be not unyielding in his demand they will almost invariably put him off with the urine first passed when they get up in the morning. It is from this repugnance that the profession as a rule ask for morning urine. It certainly cannot arise from any other good reason, except it may be when it is wished to satisfy one's mind about uric acid and oxalate of lime. Morning urine—the so-called *urinus sanguinis*—is highest in sp. gr., most acid, most apt to contain the urates which confuse in testing for albumen and sugar, least apt to contain the microscopic elements from the kidney, and very often—I must repeat the very often—do not contain sugar and albumen, when the urine passed at other times of the day contain a notable, sometimes a large quantity of these abnormal substances. If you must be content with a specimen from a single voiding, require that passed three or four hours after the hearty meal of the day and after the patient has taken exercise, for when the blood is most filled with food products, and the arterial pressure has been raised by exercise, albumen is made to transude into the urine and sugar is most likely to appear. It is better to have a specimen of the 24 hours' urine, however, because in its sediment you will be more certain to find casts and renal epithelia which you know are often very scantily present in grave renal disease, and albumen and sugar which are sometimes curiously intermittent cannot escape attention.

The other advantages of a 24 hours' specimen have been alluded to. My last point will appear to you very simple, but I am sure that, simple as it is, it is the one point most often neglected, and, being neglected, often explains the frequent late diagnosis of diabetes and so-called Bright's Disease.

"The Tineæ, or Vegetable Parasitic Diseases of the Skin."

P. E. ARCULARIUS, A.M., M.D., PROFESSOR OF DERMATOLOGY IN NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

IT is a rule in diseases of the skin that the cause may be found in some alteration or change in either the blood, the nerves or the tissues themselves. An example of the first order is Eczema in its various phases; of the second, Herpes noster; and of the third, the Neoplasms.

But there are a class of diseases of the skin which in their etiology and pathology are unique, and exist as a class by themselves, and though distinct from any form of animal life are yet directly connected with the growth of a vegetable fungus. These are known as the *Tineæ*—this word signifying a *moth* or *woodworm*—and constitute a class of diseases which the microscope in its revelations has disclosed to us to be due to a foreign element in the shape of a plant, which becomes transported to a healthy skin, and grows thereon under conditions favorable to its existence. For it has been found that a certain state of the skin renders susceptibility to the influence and growth of the parasite necessary, and that it is where favorable conditions exist that the plant or fungus, when transferred thereto, grows and fructifies, and thus reproduces itself. Thus it is a fact that in schools not all the children are liable to these diseases, but rather those who present the general and local conditions which are essential. But in all instances these diseases are acquired through contact mediate or immediate, either in first instance by the use in common of towels and brushes, or secondly by actual transfer from skin to skin.

This is why the ordinary ringworm in children is found upon the face, neck and hands, and thus it may be found in three or four children all of the same family—a fact once instanced in our college clinic.

To particularize: We have in general three fungi, the *Tricophyton tonsuraus*, the *Achorion Schönleini* and the *Microsporon Furfur*; and these constitute the various forms under which all of the *Tineæ* exist. The first—the *Tricophyton tonsuraus*—is the most common, and forms a class of three diseases known as the *Tricophytina*, viz., *Tinea Circinata*-*Tinea Tonsuraus*, of which *Kerion* is a variety, and *Tinea Sycosis*—*Tinea Tarsi* is only another phase of the same fungus.

The second, the *Achorion Schönleini* is the fungus which is found in *Tinea Favosa*—a more rare form of disease.

And, lastly, the third variety of fungus, the *Microsporon Furfur*, is the cause of that well-known condition—*Tinea Versicolor*.

A word as to nomenclature: This the microscope has revolutionized, for in place of the old names *Herpes Circinatus* and *Herpes Tonsurans*, we have, with the discovery of the fungus, *Tinea Circinata* and *Tinea Tonsuraus*, commonly known as the ordinary ringworm of the skin and scalp. Then, too, *Pityriasis Versicolor* has for the same reason been changed to *Tinea Versicolor*, and so on.

A word as to the fungus itself: The microscopic elements are fourfold, and known as (1) *Stroma*, (2) *Conidia* or *Spores*, (3) *Chains* of the same—*Spores*, and (4) *Mycelia*. The first appears as a fine dust, and evidences an actively growing fungus; the second, as the ordinary seed; *Conidia* are spores, and *Mycelia* are rod-shaped, and are really stalks containing spores. One or more of these elements are generally found under the microscope, and their appearance in the field affords absolute proof that the disease under discussion is one of parasitic growth, and as such needs appropriate treatment.

The general appearance of these diseases vary according to the part affected, but as a rule the eruption is always dry and itches very little. Besides, in the characteristic ringworm we have

a circle of red, scaly skin inclosing a centre, pale in hue, and quite free from scales and comparatively smooth. It is this special condition which has given *Tinea Circinata* the name of *ringworm*, and while the centre is healing the disease is being propagated from the circumference, and thus the circles, starting originally from a central point, grow larger and larger. This condition of things is well represented in *Tinea Circinata Cruris* where the *Tricophyton* fungus flourishes upon the thighs, for here a line of disease is often seen in full action in advance of the main patch, and separated therefrom by a zone of sound tissue. This was the disease formerly known as *Eczema Marginatum*, and till the discovery of the fungus, and with the extreme itching accompanying it, was termed *Marginate Eczema*, from the peculiar appearance just cited. One main point in contradistinction should be noted between the *Tineæ*, as they exist upon the bare skin, and upon that covered with hair and plentifully supplied with sebaceous follicles. For here we have again the characteristic dry condition, and so the hairs appear dry and twisted, easily breaking off, and as readily removed entire from these follicles. For it is only in complicating *Eczema*, in a case of long standing, that moisture ever exists upon the skin, or a glutinous discharge upon the scalp is emitted from the sebaceous follicles. This is seen in *Tinea Sycosis*, or "*Barber's itch*," where there is often a nodular and pustular condition, due to the irritation of the fungus, and which might lead to an error in diagnosis did not the looseness of the hairs in their follicles and the microscope itself determine the presence of the fungus. Then again, in *Tinea Kerion* we have an exaggerated condition of *Tinea Tonsuraus*, and a puffy and honeycombed appearance of the scalp, due to inflammation, sometimes from overtreatment. As to differential diagnosis, this is all-important. While we keep in mind *Eczema* in its multitudinous forms, and *Pso-riasis* and *Pityriasis*, which are throughout dry, scaly diseases, we should always be suspicious of scaly patches upon any portion of the body, from the well defined circle inclosing a healthy centre down to any ill-defined, irregularly-shaped in-

definite point of scaly skin. And then the microscope alone will decide the case, particularly where Eczema complicates, and there is moisture and redness and heat and itching; for the presence of the microscopic spore or the minute stroma is ultimate in deciding one as to a true opinion of the case.

And this, in turn, is important, for the prognosis in all the tineæ or vegetable parasitic diseases is good, and a cure can be assured in due time. Not so in Eczema, which, though curable, is obstinate in healing, and subject to relapses.

As to the treatment, though internal remedies are important, still local measures are an essential to complete recovery. Of the former, while we must consider complicating Eczema, and meet it with Rhus, Arsenicum and Sulphur, and other appropriate remedies; still, for the simple conditions of ringworm, Graphites—particularly where the hairy regions are invaded—is, no doubt, our most reliable remedy. Among local measures, the free use of Borax, or Soda Hyposulphite, as lotions—a drachm to ounce of water—are mild in their action and admit of very thorough application; for *a mild parasiticide well rubbed in* is more available than anything sharp that tends to inflame or irritate the skin. Hence all ointments containing Mercury, while they are good, should be used largely diluted, and with discretion. Of much more value is some ointment of Sulphur—a drachm to the ounce—either alone or in combination with Carbolic Acid. But, anyway, the prospects for complete cure are usually good.

In the foregoing paper I have omitted to make mention of Tinea Favosa, old name Porigo Favosa, characterized by the favus crust, occurring mostly upon the scalp, denuding it of hair, and frequently occasioning permanent baldness; but happily one of the more rare forms of this class of diseases. Also of Tinea Versicolor, old name Pityriasis Versicolor, seen mostly upon the trunk of the body and upon its anterior surface, presenting a mapped-out appearance, as it is interspersed with spots of healthy skin, the patches themselves being covered with very fine scales. Though this form of the Tineæ may last off and on for fifteen or twenty years, still its fungus has, of all, the least hold upon the

skin, and like the former is susceptible to treatment; for the prognosis in these, as in all the tineæ, is good, and the treatment the same in all respects.

Clinical Remarks on Diphtheria.

BY A. WORRALL PALMER. M.D.

AT first let me state that for the last two years I have been convinced that there is but one reliable diagnostic symptom between Tonsilitis Folliculosa and the disease under consideration. In Diphtheria, if the membrane or exudate be removed ever so carefully with a ring probe, or, what is preferable, a small wad of cotton on a cotton-holder, the underlying surface will become slowly covered with blood, and the exudate is difficult to detach. In Follicular Tonsilitis it is just the contrary. Of course great care must be exercised, especially if the ring probe be used; if not an abrasion of the underlying mucous membrane will be caused by the patient accidentally gagging, or throwing the tonsil forward forcibly against the instrument. Endeavor not to make the patient gag, but if you see this approaching quickly withdraw both tongue depressor and probe, and, waiting a few minutes until the local nervousness has passed over, make another trial.

In the cases diagnosed in this way as Tonsilitis Folliculosa, although the exudation upon the tonsils and pharyngeal wall very closely resembled that of diphtheria, with a temperature ranging from $102\frac{1}{2}^{\circ}$ to $104\frac{1}{4}^{\circ}$ F., with prostration, almost total loss of appetite, marked dysphagia, induration of the line of the cervical lymphatic glands leading from the tonsil, and in one case delirium; in no instance did the membrane extend to the nose, mouth or larynx, neither was there any subsequent aphoma, complications of the kidney, bladder or the slightest weakness of the heart, though the patients were not under very active treatment either internally or locally.

I must say that during the last two years the number of cases of Diphtheria under my observa-

tion seem to have diminished, and those of Tonsillitis to have increased, while the severity of the former has materially augmented.

The above diagnostic symptom is spoken of at such length, because it is my opinion that although it is probably known by the majority of physicians, they do not think it of sufficient importance to practice it, but prefer "to be on the safe side and call it diphtheria." By so doing they cure a very large percentage of their diphtheritic cases, and *unnecessarily* worry the relatives of the patient by the idea that he has a dangerous disease, while in reality it is merely a short-lived, self-limiting one.

There is one symptom which I have never seen in print, and should like to know if it merely happened in my cases, or had been noticed but not mentioned; *i. e.*, in cases of diphtheritic exudation upon the tonsil and pharynx, where all seemed to be proceeding surely but slowly, suddenly the larynx becomes extensively involved; if, instead of the tonsils, as is usual, remaining in an oval, swollen form they take on a quite smooth, conical shape, with the apex just below the centre, similar to a suppurating tonsil, and this apex is capped, as it were, with an obstinate patch of grayish membrane scarcely a sixteenth of an inch in diameter, can we consider this a precursor of a delayed attack of Laryngeal Diphtheria?

Always in case of genuine Diphtheria, give some alcoholic stimulant. This is said with full consideration, because I believe in avoiding, as far as possible, the prescribing of alcohol, as considerable harm is done by its useless prescription. J. H. Thompson, M.D., in a lecture on Minor Surgery, in our College, a few years ago, remarked that almost half the drunkards were made so by physicians. This, I hope, is not true; still, considerable of the responsibility—or, rather, the irresponsibility—of these poor individuals may be upon our shoulders.

The alcohol seems to retard the inter-molecular change of tissue in the organism, while the diphtheritic poison is passing through the system; for diphtheria is a constitutional, *not* a local, disease—and, therefore, local treatment is of little avail.

Results of Bilious Fever. (2.)

WHILE at the West last spring I stopped at the house of a farmer, who told a pitiful story. Eighteen months previous he recovered from an attack of bilious fever, but had not been able to rally from the effects. Had applied to three physicians but they afforded him no relief. They diagnosed his condition as caused by overdosing of Mercury. At the time of our interview he had been without any treatment for a year and was steadily failing. Fears were entertained by his friends that he was going into a decline. Though being thirsty he could not drink water without serious results, such as vomiting and a diarrhoea lasting several days, from the exhausting effects of which it took him a long time to recover.

He presented other symptoms pointing to an Arsenicum case. On my return East an ounce of Arsenicum, the thirtieth, was mailed to him, but with little hope of its affording him relief, for he was an inveterate smoker, and the powders sent were not protected, even by a bottle, from deteriorating influences. After the lapse of six months he wrote that the medicine had produced a wonderful cure and that he was completely restored to health. His own surprise at such a result was greatly increased by the fact that he was accustomed to large doses.

Tinea Capitis. (1.)

AN infant, aged two months, fat and of fair complexion, having profuse sweats about the head, with constipated, clay-colored stools, was put on Cal. Carb. third to remove the disagreeable condition of the scalp. This was given for several weeks with favorable results, but within a month after discontinuance of the remedy the Tinea Capitis returned. Again the third was administered with similar results, and when the child was six months old its condition was apparently none the better for treatment. Cal. Carb. the thirtieth was then sent to the mother, who had gone to the country.

After a time she wrote that the last medicine (which she supposed was identical with that previously used) acted better, and was far more

efficacious than any before given. There was now a rapid and steady improvement in the condition of the child, and at eight months teeth appeared.

The above illustrates the experience of many who are successful with tissue remedies. They give the remedy low until improvement is marked, and then depend on the higher potency for deeper and permanent action.

Athenian Fever Pillows.

WE some time since received from Athens, in Greece, specimens of paper feathers for the pillows of fever patients. They were made by the youngest children in the well-known American Mission Schools, where on certain days, while the older scholars are employed in a variety of useful and ornamental handiwork, as they are being read to from some interesting book, those who are too young to do aught else cut from the white margin of newspapers strips about ten inches long and one inch in width, and roll them lightly between the thumb and finger, till they accumulate enough to fill a case. Pillows made of these paper feathers are clean and very comfortable, and can be so often replenished as to be kept fresh and pure and free from all odor of disease.

If they were introduced into our hospitals here, doubtless there are those who would gladly assist in keeping up a good supply.

In some of our charity institutions where, on account of expense and the difficulty of cleaning and renewing them, feathers and hair are seldom used, what a boon the Athenian pillow would be to those whose aching heads rest uneasily on hard, unyielding straw. Will it not pay to give them a trial?

A LONDON firm has devised a telephone by which persons suffering from contagious disorders may safely communicate with their friends.—*Ex.*

It is estimated that fully three-fourths of all the morphine manufactured is used for purposes of self-indulgence in the morphine habit.—*Ex.*

Surgery.

Autoplasty by Prof. Wilcox.

ON Friday afternoon last a section of the Senior Class was favored with an opportunity to witness a plastic operation of considerable magnitude by Prof. Sidney F. Wilcox. The students feel very grateful for this rare opportunity, and were much pleased with the skillful manipulations of the professor.

Before beginning the operation, he gave a very interesting and instructive lecture upon plastic operations in general, and then explained the details of the operation he was about to perform. Apropos to the description of the operation, it might be of interest to give a brief synopsis of his remarks.

By plastic surgery is meant the performance of operations for the repair of deficiencies in structure, whether resulting from disease or malformations.

The repair of deficiencies is classed under three divisions, viz., Autoplasty, Heteroplasty and Prothesis.

Autoplasty is where the flap is taken from the same individual.

Heteroplasty is where the portion transplanted is taken from another.

Prothesis is where the part is supplied by some inorganic material.

The operations for autoplasty are divided into five categories.

1st. Comprises all cases where the pieces are borrowed from a distance, but retaining a pedicle for a time.

2d. Successive migrations, by the method of Roux, of a flap from a distance.

3d. When the flaps are taken from the neighborhood by gliding, stretching or lapping over.

4th. All examples of simple approximation, as in case of sutured bones, operations for hare-lip, vesico-vaginal fistula, etc.

5th. All methods effecting readjustment of completely severed portions.

CASE.—D., aged 30 years, by occupation a cigarmaker. On the 28th of May last he met with a very painful and severe accident. Having

fallen asleep while smoking, his clothes were ignited by fire which fell from his cigar, and the skin from the shoulder to the middle of the forearm was completely burned off. He underwent treatment at St. Mary's Hospital, Hoboken, from the time of the accident until some time in September, and from this time until admitted to the Hahnemann Hospital was under the care of Dr. Rue. The arm gradually became worse, and at the time of operation was in a precarious condition, having ulcerated deeply in several spots, from which oozed considerable blood. The patient was suffering from septicæmia and the operation was undertaken in order, if possible, to save the arm. The preliminaries having been completed the patient was placed on the operating table, and when the anæsthetic influence was complete the assistant cleansed the arm with a solution of corrosive sublimate. The arm was then drawn parallel with the body and Prof. Wilcox dissected up two flaps, one from the front and the other from the side of the chest, long enough to encircle the arm. They were connected with the original site by broad pedicles and united over the arm with figure-of-eight sutures. Thus the arm was fastened to the patient's side, and will be kept there until the flaps have a sufficient union with the arm to permit the division of the pedicle. One button suture was inserted through the pedicles, in order to form a more perfect apposition of the flaps to the arm. The arm was then thoroughly cleansed and sprinkled with Iodoform, and the patient removed.

Resection of the Elbow Joint.

ON February 22, 1886, a section of the senior class was the pleased and instructed witness of this operation. It was performed at the Hahnemann Hospital by Dr. Sidney F. Wilcox, assisted by Drs. Brigham and Fulton.

The patient had long been a victim of bone disease, for he had a cyphosis; and this, with the red and blue sinuses about his partially ankylosed elbow, told the tale of dyscrasia. But the vital force had evidently almost gotten the better in the conflict—for he had rosy cheeks, a clear complexion, and claimed to enjoy excellent general health.

Dr. Fulton placed him under the influence of ether; and Dr. Wilcox, after explaining the object of the operation and saying the incision would necessarily partake of an exploratory nature, began his work by carefully scrubbing the arm and joint with soap and water and then shaving the limb some distance above and below the joint. The shaving, he said, favored asepsis, and would be an advantage when dressing the wound.

Esmarch's bandage having been applied, the forearm was flexed upon the arm and the incision made longitudinally over the olecranon, along its outer aspect, extending for a couple of inches above and below the joint. The incision was afterward extended as became necessary, measuring at the end of the operation about six inches.

Dr. Wilcox carefully dissected off the attachments of the muscles, pointing out to us how at this location they were attached directly to the bones. He explained the mode of separating the muscular attachments by Nicolodoni's method, which consists of putting the soft parts on the stretch and cutting them away from the bone by fine longitudinal incisions, keeping the edge of the knife turned from the soft parts.

The external border of the olecranon and the external condyle of the humerus were first brought into view, and there was very plainly seen a sinus extending clear through the condyle and running diagonally downward, forward and inward. The condyle at the same time was seen to be hypertrophied. This condyle was removed with a saw, and the exploration continued further into the joint. The inner flap was dissected from the olecranon and inner condyle, great care being used to avoid the ulnar nerve, which passes down between the olecranon and internal condyle.

The joint had had but limited motion, and on opening it, the reason, in addition to the contracted muscle externally seen, was very evident, for almost the whole articulating surface, which should have been bright and glistening, was covered with tough, light reddish fibrous substance that had attached the opposing surfaces to each other. This fibrous substance was

removed as thoroughly as possible, and attention given to the internal condyle. This was found diseased, and a portion of it was sawed off only to find disorganized tissue in the end of the shaft, indicating the necessity of removing still more. Dr. Wilcox then decided to remove the extremity of the humerus and make a level cut, which he proceeded to do with the result of finding he had reached good, sound bone.

The head of the radius was found spongy and covered with the fibrous masses; a portion of it was therefore nipped off with the bone forceps.

The wound had been irrigated several times during the work with bi-chloride of Mercury solution 1 to 2,000, and was now again flooded thoroughly.

The olecranon which the doctor desired to save to assist in the formation of the new joint he hoped to obtain was not molested. The forearm could now be brought into a line with the arm.

Up to this time the operation had been bloodless, because of the Esmarch's bandage, but it was now necessary to remove the bandage and tie any bleeding points. The means for stopping hemorrhage which had been lying close at hand were accordingly brought forward and the bandage gradually loosened. It was found that no vessel of magnitude had been severed, and the six or eight small arteries so numerous about this joint were soon securely ligatured, being first caught up with the forceps.

The doctor had been remarking that he was always very careful with his antiseptics and had had in consequence good results in his operations, but notwithstanding this and the fact that he had in his lectures tried to impress us with the necessity of practicing the rule of "mind your own business" at operations, the impulse to help was so strong in one of the students that he approached his septic index finger rather near a bleeding point in order to call attention to it. The stern, reproving glance of the doctor which he received will be a good lesson for him.

The capillary oozing having been stanchd by the use of hot water, and the parts irrigated again, the doctor proceeded to close the wound. He first inserted deep sutures of silver wire,

and lead buttons held by perforated shot clamps, then sewed the edges of wound together with whale tendon, using what he calls a "bag stitch" suture, and at the same time inserted two rubber drainage tubes, one on each side of the olecranon. The wound was then covered with many thicknesses of antiseptic gauze and a roller bandage. A covering of rubber sheeting was then put on with rubber cement, and an adjustable splint applied to anterior surface of arm with plaster Paris bandages.

In the course of a lecture on the following day he referred to the case, saying how remarkable it was the patient had not had a rise of temperature, and was in very good condition otherwise. He spoke of the fact of patients doing so well after the use of antiseptics in operations, and especially how well they did after the removal of suppurating parts. He said it was unexplained, but the writer at the risk of being presumptuous would like to call attention to the fact that in suppurative conditions the leucocytes and debris removed from the parts by the absorbents reach the blood and are destroyed and excreted by the blood manufacturing and the excreting organs, notably the spleen, which becomes enlarged and capable of more work. In a case related to us by Prof. St. Clair Smith, that organ reached a weight of many pounds, and samples of the living patient's blood when viewed by aid of a microscope could hardly be distinguished from the discharge from an abscess.

It would seem reasonable to suppose that where the vital force has been sufficiently strong to build up organs to the extent of enabling them to successfully cope with an unnatural amount of effete material and maintain life with perhaps a fair degree of health, this vital force and the strengthened organs would be more than able when the flood of pollution is stopped, to do the same thing with the slight absorption from an antiseptically treated fresh wound in which ample provision has been made for the external exit of the debris. Besides, the removal of the disintegrating tissue must certainly lift a great load from the nervous system by stopping the calls upon it for vital force.

College Notes.

SIXTY-THREE men graduated at the Hahnemannian College last Wednesday.

So near and yet so far—Examinations and the desired diploma.

PROF. HELMUTH has been presented with a cane made from the woodwork of the old Hahnemann College building.

IN the battle of this life "the drying up of a single tear has more of honest fame than shedding seas of gore."

THE schedule of examinations has been posted on the bulletin board and by April 9th we will know whether we have passed the Rubicon or not.

THE next number will contain a brief mention of every graduate of the Class of '86, stating where they intend to locate and giving, in every case where possible, their future address.

PROF. DOWLING attended the Alumni banquet at Philadelphia last Wednesday evening, and responded to the toast, "The Ladies." He was elected one of the Vice-Presidents of the Alumni Association.

FROM the sample sheets of Prof. T. F. Allen's new work, a "Handbook of Homœopathic Materia Medica," one can gain a slight idea of the great amount of labor necessary in its preparation and its value when ultimately completed.

WE wish to announce, and take pleasure in so doing, that the admirable article on "Electricity in Therapeutics," published in our last issue, was from the pen of a member of '88, who modestly declines allowing his name to be made public.

THE *Medical Era's* poet perpetrates the following:

"A Philadelphia man,
An *Index Medicus* man,
A think-it-all-gammon, this talk-of-Buchanan,
Great-medical-centre young man."

As a result of the competitive examination for the position of Resident Physician to the College Dispensary, our editor on *Materia Medica* was the successful applicant. Hence the address of

O. G. Hunt will remain as New York City for another year at least.

ONE of '85's men, located in the city, has in his possession a most marvelous curiosity, and one which I believe cannot be duplicated in our college history. It is a cushion, which he solemnly affirms was never thrown by friend or foe during the three years it protected his tuber ischii.

SOME of the Juniors claim they have every convenience for the manufacture of a quantity of *Cimex Lectularius tinctura*. These gentle little creatures are best captured in their native haunts by gaslight, and are commonly called by their plain United States name, *bed bugs*, by the landlady.

SOME author has said that "the grand essentials to human happiness are something to do, something to hope for and something to love." Every medical student should, then, be happy—for he has the first two requirements in his profession and the last is supplied by "the girl he left behind him."

THE Fourteenth Annual exercises of the Hahnemannian Society will be held at the University Club Theatre on Wednesday, April 14th, at 8 P. M. The place selected, the music arranged, and the talent that will address us, all combine to warrant us in predicting that the exercises will be far superior to those of any previous occasion.

WHEN the alleged wits of the land turn their attention to the foibles of the fashionable young lady, she furnishes us an amusing entertainment.

This is what she says to her physician:

"Can't you give me something to take those horrid spots off my face?"

"Why, let them remain," says the M.D. "spots are fashionable."

Lady: "Is that so? Well, give me something then to bring out more spots."

IN no part of our curriculum has there been more method displayed and more effort made to secure accurate and practical instruction than in the treatment of children by members of the Senior Class, under the direction of Prof. Deschere, or his Clinical Assistant, Dr. A. W. Palmer.

Blank reports were furnished, on which the two students having charge of the case record the name, age, sex and date. This is followed by a history of the case to date, including all the necessary symptoms, lines being arranged for recording the morning and evening temperature and pulse and, finally, the remedy found indicated. After being daily submitted for inspection the report, when the case is concluded, becomes the property of the students in charge and forms a more accurate history than one physician in a dozen could find on his case books.

SOME THINGS TO BE REMEMBERED IN MEDICINE AND OUT.

"HOMŒOPATHY, by contrast with modern heroic methods, is just as brilliantly successful to-day as it was fifty or one hundred years ago."

T. F. ALLEN, M.D., LL.D.

"A MAN is in general better pleased when he has a good dinner upon the table than when his wife speaks Greek."

SAM. JOHNSON.

"We can never be good homœopaths if we prescribe for the name of the disease."

MARTIN DESCHERE, M.D.

"THE fanaticisms of yesterday are the reforms of to-day, and will be the glorious victories of to-morrow."

FRANCES E. WILLARD.

"THE knowledge of disease, the knowledge of remedies and the knowledge of their employment constitute medicine."

SAMUEL HAHNEMANN.

'87's Dinner.

THE Class of '87 held their annual dinner at Martinelli's, Fifth avenue, on March 18th, and a most enjoyable time was experienced by all present. The responses to the toasts were spicy and unusually brilliant. After the last course had been cleared away Mr. M. J. Adams, "toast master" of the evening, announced that the first part of the programme having been so successfully fulfilled, and the hour becoming late, he would proceed with the second part without further ceremony.

The first toast of the evening was to the Faculty. Responded to by Mr. R. Jenkins in a very able and classical manner.

The second, to the Class of '87, was responded to by Mr. P. R. Watts in a most enthusiastic speech, in which he illustrated the brilliancy of the class as a whole. He was followed by Mr. J. O. Chase, whose remarks in response to the toast to the "Ladies," were pleasing to those present and flattering to the objects of the toast.

Mr. H. S. Carr responded to the class of '86, with suitable and appropriate remarks worthy of the class.

In these he was followed by Mr. J. Bulklyn with a declamation which was pathetically rendered amid showers of applause.

The Diagnosis by Mr. G. B. Best was next to follow, and showed Mr. Best to be a diagnostician of rare ability.

The next was Mr. J. J. Russell's Prognosis, which contained much wit and humor, and the points gained by Mr. Russell on some of the boys will long be remembered.

The last but not least on the programme was the "Class Poem," by Mr. Alfred Thayer, whose ability as a poet cannot be questioned, and the delivery was excellent.

These exercises were followed by President Stewart with a few well chosen remarks, and the music by Mr. Jenkins on the banjo and Mr. Burtis on the piano was highly appreciated.

All present expressed themselves highly pleased, and wait impatiently to be able to attend the dinner in '87.

The End of '86.

THE Class of '86 has listened to its last lecture. Although appearing of as ceaseless flow as Tennyson's Brook, we find that they will not go "on forever," but have really reached an end.

At such a time, although it is not our purpose to deal to any length in dry documentary statements, a few figures may be interesting, and serve to show to our own men and others interested the immense amount of work done during the past year.

Never before has the opportunity for clinical work been so thoroughly improved, and in this manner many a practical lesson has been enforced.

More thoroughly practical work has been done by the Junior and Middle Year Classes than in former years, as will be evidenced by referring to the record below.

About ninety more lectures have been delivered during the course than last year, and nearly twice as many drugs received attention from the chair of Materia Medica than at any previous session. Below we print a complete list, giving each professors name, and opposite the number of lectures delivered or clinics held.

Materia Medica. Prof. Allen.....	29
" " Prof. Moffat.....	69
Diseases of Heart and Lungs. Prof. Dowling.....	40
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Medical Jurisprudence. Prof. Lyon.....	20
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Hygiene. Prof. Wright.....	8
Physiology. Prof. McDowell.....	82
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Orthopædic Surgery. Prof. Wilcox.....	17
Demonstrations upon Cadaver. Prof. Wilcox.....	34
Toxicology. Prof. Shelton.....	7
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In addition to the above there were given in the laboratory of the college 103 lessons of two hours each in Microscopy, by Prof. Storm White, and ninety-seven lessons of two hours each in Urinary Analysis, by Prof. C. H. Dunning.

Have You Heard

THAT next year Prof. M—— will lecture on two hundred drugs?

That next year the Junior and Middle classes will *assist* (?) in the editorial work of THE CHIRONIAN?

That next year B——x will probably *not* say "ah—ah—Oxcuse me, professair?"

That next year each man will be expected to wear rubber gloves in the amputating room?

That next year none of the professors will advance contradictory views of the same subject?

That next year an annex will be built over the dissecting room to accommodate the rapidly increasing library?

That next year Prof. H—— will say to the man in row 1, No. 1, "Now, sir, can you tell me the difference between congenital and acquired hernia?"

In fact have you heard that next year every Senior will know the chemical formation of "Ant. tart." every middle man the symptoms of "Hydrastis dyspepsia;" and no one ever "guess" in the surgical quiz; that no cushion fights will occur, no glassware be broken, and consequently Frank will never frown?

The above may not all be true, but we sincerely hope that such is the case.

Hospital News.

THERE are five vacancies on the staff of the Ward's Island Homœopathic Hospital, and some of the members of the graduating class are contemplating entering the competitive examination for these positions.

THE position as House Physician to the Hahnemann Hospital will be vacant on April 1st, and a competitive examination will take place shortly after the college examinations are closed.

Also the position of Ambulance Surgeon and Assistant House Physician to the Cumberland Street Hospital, in Brooklyn, will be vacant by April 1st. This makes eight vacancies, which may be filled by as many of our graduates, although graduates from other colleges have the same privilege to compete for the above positions.

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THE CHIRONIAN.

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THE CHIRONIAN will be sent until ordered discontinued.

AFTER the large and attentive audience which the Hahnemannian Society obtained at its Annual Exercises at the University Club Theatre, it is doubtful if that body ever relapses into the old custom of asking its friends to climb four flights of stairs and sit in a dingy and uncomfortable amphitheatre on these occasions. The wisdom of venturing away from home and thereby securing a comfortable, commodious and easily accessible hall has been amply demonstrated, and the old custom being once overruled it will be rather surprising if the next class return to the amphitheatre. It is to be hoped, however, if the same place of meeting is again secured, that some measures will be taken to prevent or smother such sounds of revelry as those that proved so annoying the other evening. A large portion of the audience were unable to hear the addresses from the stage without the closest attention.

THE effort that '85 made last year in regard to the College Library, has been more than equaled by '86. At its class meeting, action was

taken which will positively insure some valuable additions and, it is hoped, engender a permanent spirit of interest in the matter on the part of the faculty and alumni. The Class, through its committee, not only places in the library several standard volumes as its own contribution, but has already obtained from many of the Professors, who are authors, promises of their works, and is still continuing its efforts. The needs of the College in the way of a Library are too evident to require any long-winded argument. Still, the matter has lain dormant in the past, with a few periodic spasms of enthusiasm which have been short and remarkably barren of any visible or lasting results. It seems now, however, as though something tangible would be accomplished by the present effort. THE CHIRONIAN will give some books, pamphlets and magazines; and the next Board will probably do likewise.

Some one from the Senior Class should be appointed custodian and should look after the books and regulate their use. As the number of volumes increases, probably the Faculty will provide sufficient accommodations.

TO-DAY the final number of Volume II. of

THE CHIRONIAN is submitted to our readers. With its issue the Board of Editors that has had it in charge the past year makes its bow, steps down and out, having performed the task for which it was appointed. In thus completing its second year of existence THE CHIRONIAN has demonstrated its right to live and its ability to support itself through the friends it makes. Its mission of bringing the Alumni into closer and more active relationship with their Alma Mater, of promoting the welfare of the New York Homœopathic Medical College and of aiding the undergraduates in their search for medical lore, is noble enough to justify its existence and bespeaks for it the moral and material support of each alumnus and student.

On this occasion, the last that the present management will have to address its widely-scattered audience, it is not unfitting that the heartfelt thanks of the Board of Editors be extended to those who have staunchly given it the needed support, who have signified their appreciation of that which has been good in its work, and passed leniently over the mistakes which are an enevitable part of every enterprise. And, too, the Managing Editors take this opportunity to acknowledge the invaluable assistance rendered by the Associated Editors, especially by those gentlemen who have so regularly filled their departments with carefully collected material. The choice of the class for Business Manager has been more than vindicated, the present incumbent having been indefatigable in his efforts to make THE CHIRONIAN a financial as well as a literary success.

But THE CHIRONIAN does not die with the exit of the present Board. Already the men are elected from the new Senior and Middle Classes to carry forward its banner next year. We bespeak for them the same kindly consideration and quick appreciation which has been ours the past year. A more valuable legacy we could not leave them.

Hahnemannian Society Exercises.

PROGRAMME.

1. Instrumental Duet, . . . W. I. LYON, E. M. HATCH.
2. Annual Address, . . . BY THE PRESIDENT.
3. Vocal Solo, "Non e Ver," FRANK E. MILLER, M.D.
4. Address to the Society, CLARENCE E. BEEBE, M.D.
5. Vocal Solo, "Come Where the Lindens Bloom."
L. L. Danforth, M.D.
6. Class Poem, . . . S. II. KNIGHT.
7. Vocal Solo, . . . "My Dearest Heart."
Frank E. Miller, M.D.
8. Class Prognosis, . . . GEORGE T. HAWLEY.
9. Vocal Solo, "Old Heidelberg, Thou Fair One."
L. L. Danforth, M.D.
10. Delivery of Diplomas, . . . BY THE PRESIDENT.
11. Serenade,
Dr. Miller, Mr. C. W. Demarest,
Mr. C. N. Platt, Dr. W. H. Jones.
12. Send-off to '86, . . . GEORGE B. BEST, '87.

OFFICERS OF THE SOCIETY.

P. GORDON SMOOT, '86,	President.
P. R. WATTS, '87,	Vice-President.
G. T. HAWLEY, '86,	Secretary.
W. T. HELMUTH, Jr., '87,	Treasurer.

THE audience which filled the University Club Theatre on the evening of April 14th to listen to the fourteenth annual exercises of the Hahnemannian Society was larger and more brilliant than any which had ever graced any previous anniversary. Unfortunately their patience was most sorely tried before the graduating class appeared on the stage. The occasion of the delay was the non-appearance of some of the gentlemen who were to execute the musical part of the programme. Prof. L. L. Danforth, who had kindly consented to sing, opened the exercises with a vocal solo, and in response to an encore sang again.

President Smoot's address to the Society reviewed its work in the past.

Then Dr. Miller sang and was recalled.

Prof. Clarence E. Beebe then delivered the Address to the Society. The Committee of Arrangements was most happy in its choice of a speaker for this occasion. Prof. Beebe chose as his subject "Specialism." He showed the folly of devotion to a specialty at first before seeing much general practice. He pointed out the advantages and disadvantages of devotion to a specialty at all. The address was thoroughly enjoyed by all, although about this time the noises which proved so serious an annoyance during the latter part of the evening began.

The Class Poem by Stephen H. Knight, A. B., was of unusual merit and was received with frequent rounds of applause—the references to some of the lecture-room scenes being thoroughly appreciated by his class-mates and the sympathetic audience.

After another song by Professor Danforth, the Class Prognosis was delivered by George T. Hawley. Mr. Hawley drew mind-pictures of some of his class-mates as he said they would appear in ten or fifteen years from the present date. The audience laughed and applauded when the class did so, but were evidently somewhat mystified.

Then came another vocal solo, followed by the presentation of the Diplomas of the Society to those who were to take the College Diplomas the succeeding evening. The Diploma has the signatures of nearly one-half the class and is chiefly valuable as an autograph album.

Before listening to the Send-off, Messrs. Miller, Platt, Demarest and Jones, sang a beautiful serenade. In his Send-off to '86, Mr. Best reviewed, in a rather satirical way, some of the characteristics of the Class as a whole and of some individual members. Both the matter and the delivery of this address were polished.

This concluded the exercises of the evening, and the members of the Society and their friends slowly disbanded, feeling well satisfied with the evening's entertainment.

Annual Address.

BY PRESIDENT P. GORDON SMOOT, A.B.

HERE to-night, with a larger sphere, a loftier purpose and a brighter future than any she has yet known, the Hahnemannian Society stands to welcome her friends, to take her reckonings and say farewell to another class.

I esteem it a signal mark of the favor of my associates that this delicate and pleasing duty has fallen to my care.

And yet, in its performance, I find so much that is worthy the hand of a master, that I must needs claim your indulgence in its performance.

But why, I may ask, are we here at all? What means this assembly of intelligent people with one accord, and these seats around me filled with expectant *débutants*? May I not answer that the immortal and eternal truths proclaimed by the lofty soul which gave our society a name are marching on to the conquest of the world of medical thought?

It is inspiring to those who honor and bless the name of Hahnemann, that the power and force of his school of medicine not only have hewed their way to universal recognition and respect, but that the bitterest opponents and most violent enemies pay to it the homage which

virtue exacts from vice in an imitation and practice of that which they profess to dispise.

"*Semilia, Similibus, Curantur*" is not only the slogan of the army of veterans who have met and conquered one after another of the diseases that prey on mortals, but the fundamental truths wrapped up in the maxim have leavened the whole medical lump, so that thousands to-day who worship not at our shrine nor profess our faith, carry to the sick and the afflicted the balm prepared by our alchemy and heal with the potent remedies of our own great master.

And not only so, but waxing strong and vigorous with the strength of added years, the school of medicine presenting here to-night some of the fruits of its labors, stretches its benign influence from land to land, from ocean to ocean and from river to river, until the dawn of the day is already at hand, which shall never grow to darkness on a practitioner of this faith.

The vigor, the power, the faithfulness and the standards of our schools throughout this land, headed by this nourishing mother of ours, is also cause of joy and gratulation to those who rejoice in work well done. If Homœopathic doctors are not good ones it is no fault of the Homœopathic colleges. We live in a day when not the opportunity—for opportunities are

"As thick as the autumnal leaves

That strew the brooks of Vallambrosa"—

but when the strength and calibre of the man are the measures of his usefulness and greatness.

Surely those who profess our faith could ask nothing more, and the measure of success already achieved marks the keenness with which the profession appreciates the existence of conditions so favorable to its growth and development.

May we not hope that what our eyes have seen and our ears have heard are but the vigorous efforts of a sturdy youth to whom the serene majesty and power of a mature manhood are yet to come.

There yet remains to me the most difficult task of all. What shall I say to those who have been my yoke-fellows in this society of our love and of our hopes? How speak of the difficulties encountered, the victories achieved, the battles

won, the ground gained, the heights to which we have climbed together? In what words shall I clothe the thought now uppermost in every heart unless I refuse all subterfuge and say that the time for farewells and for separation has come? But in the experience of the pain those feel who part with mutual tears and regrets, there is the anæsthetic of hope which points to a reunion on the world's broad field of battle under brighter skies on a longer day. We may at least take with us the consciousness of work well done, of a purpose fulfilled in a stern and lofty endeavor, and of some fruits, at least, for Commencement day.

My task would be in no wise finished if I failed in this public manner to tender personal thanks to the officers and professors of the New York Homœopathic Medical College for the interest taken and the instruction imparted to those who have sat at their feet since last October. "Well done, good and faithful servants," is the plaudit which justice, without gratitude, must award you. For all of us I can wish no better fate than that we may

"So live that, when our summons comes
To join the innumerable caravan that moves
To the mysterious realms of night,
Where each shall take his chamber in
The silent halls of death,"

That we may

"Go not like the quarry slave
At night scourged to his dungeon,
But, sustained and soothed by an
Unfaltering trust, approach our graves
As one who wraps the drapery of his
Couch about him and lies down to
Pleasant dreams."

Class Poem.

BY STEPHEN H. KNIGHT, A.B.

WHEN I look around about me
On familiar faces here,
And see the lordly graduate,
An M.D. now so near;
See alumni and their families—
Now many growing gray;
And middle men and juniors,
So festive and so gay,

My mind and spirit wander
To just one year ago,
When in the upper lecture-room
I sat in an outer row
And heard the wit and wisdom,
Both daring and alive,
In poem and prognosis bold,
Set forth by "'85."
I heard with awe and wonder,
Their diction was so fine;
Their style I could but envy then;
I wish it now were mine.

The scenery now is altered much,
The actors, too, you'll say,
But do not scorn the talent here,
Nor call it weaker, pray:
For here in these new environs
Genius must better thrive;
And I'll leave it quick to any fool
That "six" is more than "five."

An extra lot of students we,
The profs. all tell us so.
We all are sure to make our mark,
The high down to the low.
Right here in sight is "Dr. Faust,"
With Magarita near;
A favorite actress swells our list,
Her name is "Lillian" dear—
Now fearful juniors take the hint
"Martino" never mind,
Be sure and dog the lecturers round
And so salvation find.
A man we have just come from Koch,
A student of Pasteur;
Bacteria are his daily bread—
Rich food I must aver.
Of college men we've got our share,
From high school and from low,
And many men I've on my list—
This metre runs too slow.

So listen, dear friends, and let me tell
A story known to us quite well,
Of our noisy, riotous, student life,
With its throwing of cushions and daily strife;
Of our trips to the island in the city's boat,
When scarce a loud word escaped from our throat,
For fear of the captain whose delicate brain
"'85" all unbalanced and drove near insane.
The Commissioners, too, tremblingly stood,
For Hom'paths are rough but Allopaths good.
Nevertheless, in spite of their fear,
The boat did n't sink, we're all of us here.
Our quizzes were conducted with extra good aim,
Direct at the Seniors for the knowledge they claim.

Some on the front seats, others far back—
Who think for a doctor that nothing they lack—
Were doubled all up and their joints overflexed
By the dear young professor who shouts "Next, next,
come next."

On the bean-shaped organ we thoroughly ground,
And upon its anatomy are solid and sound.
Now let me diverge for a moment I pray,
And give you an incident of every Friday.

On a seat by the door a grave Senior sat,
Singing "Willow, titwillow, titwillow!"
And I said to him, "Senior, why not come down,
Singing 'Willow, titwillow, titwillow'?"
"Is it need of a nap, poor fellow?" I cried,
"Or will the front seat freeze your little inside?"
With a look of affright on his face he replied,
"T is Dillow, 't is Dillow, 't is Dillow!"

In surgical history our class is renowned;
I say it positively there cannot be found
A man who will blunder on "Ambrose Paré."
That "Galen is dead," I'll venture they'll say.
In practice we'll tell when the liver goes wrong,
Or stomach and bowel join in with the throng
Of horrible ailments that suffering make
And invite you of powders and pills to partake.
Lectures on "insanity" were mighty good fun—
Not one of us now but an asylum could run.
The man who points with his finger—just so!—
And asks for "Morgagni's hydatids," we know.
As also the man that breaks in on our sleep,
While for the rest of the night vigils we keep
With a laboring mother, whose task then begun,
Increases humanity most always by one.
"Sympathic" iritis and "glaukoma" we know,
As to look into ears and Pulitzer's to blow.
We've gazed into throats and caught the voice sound
As it through the "rima glottidis" wound.
Last I will mention, but surely not least,
The knowledge we spread at the Censor's great feast.
For small favors we are thankful; for large, more—
What would have happened had they "Wet-more" than
four?

Hurrah for Commencement! Hurrah for the time!
When exams. are behind us and warm is the clime,
That invites us to loaf, to study, to play;
For the fate of young doctors—so I've heard say—
Is to wait for their patients and then for their pay.

But here now let me draw the line—
And if to gravity you can incline,
Give me a word.
Ours is a happy lot!
In yon three years—an epoch's space!
The knowledge gained what one can trace
Through hopes, or tears, or fainting heart
Of many toiler in the art
To which we turn.

What ancient sage, blind with a child's conceits,
So proud, so versatile, so rich, so learned,
As any student here? A few more years
He will perform, as miracles, great feats
On body and on mind. Another stride
Spans several centuries; and so at length
"We grow into the stature of ourselves."
There's not a babe in medicine but knows
More than the wisest ever dreamed, of those
Who are its heroes.
Into a single day—yea, hour!—is run
The wisdom of a thousand years, forsooth!
And in our hands, and hands of such as we,
Lies the world's destiny. Do we accept
The trust and pledge ourselves to seek for truth?
Not worthy we of our chaste ancestry
If we a moment swerve or fall away.
So, then, farewell!
Farewell—again farewell!—to those who come
To the fast friendship of our lives; to those
"We've grappled to our souls with hooks of steel
That shall not easily be loosed again."

Prognosis.

BY G. T. HAWLEY.

MR. PRESIDENT AND FELLOW-MEMBERS OF THE
HAHNEMANNIAN SOCIETY:

IF there is one time more than another when a physician needs strength of character and boldness of spirit, it is when he finds himself forced to give an unfavorable prognosis in the case of a wealthy patient. Man has a distinct and positive horror of unpleasant predictions; and the unfortunate individual who is obliged to make them is, in the popular mind, largely to blame for their existence. If you tell a sick man he is not going to recover, he straightway discharges you and sends for some other medical wise man, and you lose a fat thing. He is so deluded as to imagine that you are the cause of his condition!

Now, for the sake of my personal safety, I wish to announce to my classmates that I am in no way to be blamed for the pictures I may give of their futures—it is their personal character that has warranted them; and, furthermore, the demolition of their humble servant will not make the matter any better, though it might afford them some passing pleasure.

You know it is considered the proper thing for the prognostician to dream or have a vision or something of that kind. Now, unfortunately, I never dream, and it has been in vain that I have eaten indigestible things late at night. Dreams won't come. So that method of looking into the future has completely failed me, much to my disgust and to your loss, I doubt not. I can only ask you to use your imagination, that airy faculty of the mind, so well suited to such matters as the business at hand.

We are standing on the margin of that great aggregation of swamp, lake and river which so thoroughly monopolizes the State of Florida. All about us wave the tall reeds and swampland grasses. In the distance are those gloomy and well-nigh impenetrable forests of the cypress. Toward us, from one of those dark glades, moves an object which finally resolves itself into a man. He is tall and slender; but the most curious thing is that, though he must be wading where the mire and water is almost bottomless, none of his height seems to be swallowed up. He steps on *terra firma*, and it is explained. We recognize the legs as being those of our old classmate, Dr. P. Gordon, once President of the Hahn Society. Climbing upon a tall stump we succeed in getting a view of his face, and are able to discern the remains of the moustache he wore when we graduated. He has for the last ten years been trying the effect of high fluctuation potencies on the sensitive organisms of the alligators and with varying results. He reports that his long legs have served him in excellent stead in the pursuit of his practice.

In that boat over there sits Stacey, who in the old college days was never far off when Smoot was in sight. Since graduation he has devoted himself with his usual persistence, but without his traditional success, to the task of winning the heart of a certain dusky maiden, the only survivor of her Indian progenitors. This unwonted lack of success has told on poor "Stace," and he is a mere wreck of the man we knew in '86.

Let us journey northward to the capital city of these United States; we shall there see in the Presidential chair a member of the class to which we belong. Martin always bore himself as though

he owned the earth and half a dozen or so other planets, though we never definitely conceded the claim. He deserted medicine for politics several years ago, finding in the latter more play for his peculiar aspirations.

That other personification of the same spirit has been less fortunate. That tall man with the hair of auburn hue and the calm air of conscious superiority, seated upon the box of the Presidential coach, was once seen on the back seats of our college amphitheatre, a position which enabled him to look condescendingly upon the rest of us, and at the same time avoid the quiz. Evidently, like the actress for whom he was named, "Lillian" is not what he once thought he was.

If we now turn our steps to the classic slopes of Ithaca, we may see a man for whom we have a question. He looks much as he used to and is still getting up a club for something. Stay, I want to speak to him. I say, Keeler, when are we to receive those aural mirrors and speculæ ordered through you last year at College? He flees as though a demon pursued him.

Hallock has made a specialty of the eye. One day, about nine years ago, a pretty damsel came to his office to have her eyes examined. She is now Mrs. Hallock. The young ladies may make note of the fact if they choose. There are, also, a lot of little Hallocks, who are uncertain whether their father's name is Hallock or Keeler.

Now let us turn our attention to New York City, where a number of the class of '86 have settled. The first individual we notice at the station is a newsboy of uncertain years, imposing stature and remarkable adipose development, crying evening papers. Those who are best acquainted with "George" assure us that it was not owing to any lack of success in medicine that he gave it up for his present profession; but because, in his college days, he had become so addicted to yelling, at top of his voice, "Telegram! five o'clock!!" that it was impossible to break it off.

To-night is the meeting of the County Medical Society, and Oley presides. His shadow has not grown less in the years since we last saw him; indeed, the circumference of his waist is nearly twice as great as of yore. He has been made the presiding officer in order to allow the

other members of the Society to say something. The first paper read is entitled "Synostosis, or Growths Beneath the Nails." It is by Doctor Putnam, who made a special study of the subject during his college course and has since continued it. The treatise is an exhausting one, and when the author has concluded and retired, a short Doctor with long hair and a face covered with mosquito bites rises, and with a solemn air of inquiry asks: "Mr. President, what is a synostosis, anyway?" We recognize the inquisitive gentleman as Dr. M. of Jersey. Then Dr. Reynolds arises and endeavors to make some Witte remarks. He says that the Knight of uncertainty in regard to the value of Licorish as a remedy has not yet passed. Some think it never would Bemiss-ed; others that it would be necessary to Hunt the Materia Medica through to find a drug so Ritch in a certain class of symptoms; while a few try to Dodge the question entirely. For his part he means to hold to it like Grimm death. The business of election of officers is now taken up, and the bald-headed man with the jolly face, who has been moving among the members during the papers and speeches, now rises and makes a nomination. We recognize him as "Bob," otherwise known as "One of the ring," or "chief conspirator." It does our soul good to see that he has not changed.

There is one editor of a medical journal among the graduates of '86. We shall have to go a long distance to see him, but it is worth while. His home is in Alaska, and he edits the *Alaska Medicine Man*. He writes all the articles himself and is happy. Surely it can be none other than our friend Witte, who was noted for his muscle and his moustache, the latter having its only rival on the upper lip of Smoot.

We have now a sad call to make. It is on the Middletown Asylum for the Insane. Our Professor of mental diseases still has charge, and is fatter and jollier than ever. His fund of stories is larger, if possible, than in the days when he lectured to us on hysteria and epilepsy. We ask to see Van Alstyne, and are led to a grated door, through which we peep and behold a man frantically jumping about the room and endeavoring to kill with a chair imaginary creatures, all the

time yelling "rats, rats." We had hoped that there was some mistake, that this was not the Van Alstyne that sat next to us in the amphitheatre, but this exclamation left no room for doubt. It was so absolutely characteristic.

Then we ask for Knight. This time we are shown to a ward sitting-room. There, in the centre of the floor, on a raised platform, stands the man who wrote the poem for the Class of '86. He is repeating over and over again the productions which made him famous. It was a good poem, but the effort of production proved too much for his mental equilibrium, and he has been in this sad state ever since.

Now, if you would like to see the ex-President of the Toboggan Club, come with me. In a pleasant office, not one hundred miles from New York, sits a clerical-looking man, with a fine, full beard. Among the objects of bric-à-brac is a toboggan modeled after the one on which he and the other members of the club used to coast over the backs of the seats of the amphitheatre. But the pleasantest feature of the room is a gentleman who is paying his doctor's bill. Suddenly, with startling clearness, from the sanctimonious doctor, ring out the words: "This is too much." It is unnecessary to say that the speaker was Faust, whose mirth-provoking exploits were such a source of dismay to the faculty.

It is ONLY in imagination that it will be possible to see Bartholomew. After graduation he went on a polar expedition and, getting as far north as Watertown, was snowed in. Though the rest of the party was rescued the next summer, "Barth." preferred to stay and practice among the natives. Rumor has it that he wooed and won the daughter of the head man of the village and lives happily, forgetful of his old flames.

To see the man who was once business manager of THE CHIRONIAN it will be necessary to make another long flight. The fact is that "Grandpa" also went on an expedition—in his case to Paris, and accompanied only by the whole profits of THE CHIRONIAN. He has since been living on the interest of his money. It was a cruel blow to the other members of the board

of editors, who were thus unfeelingly deprived of the money upon which they had expected to live while starting in practice.

Did time permit, there are many others whom we would like to show you. They are all prosperous practitioners, some of them professors of colleges. We have given glimpses of only a few of our number. You must carry on your further investigations alone.

Send-off to '86.

BY G. B. BEST, '87.

MR. PRESIDENT, LADIES AND GENTLEMEN :

AS the college years roll by and every April chronicles among its important events the exercises of the Hahnemannian Society, it falls to the lot of some unfortunate and ignobly-titled "middle man" to occupy a seat among these grave and learned Seniors, and to deliver to them what they, with such native elegance, denominate a "Send-off."

The preparation of an article which would attempt to fulfill this vaguely-named duty has been, I assure you, no enjoyable task. And although the subject has rankled in the attic of my anatomy for three months, yet I feel it my first need to ask of you that tolerance and leniency with which only a kind and sympathizing audience can indulge a mistakenly-chosen speaker.

Without losing sight of the course pursued by my esteemed predecessor, whose wit and eloquence thrilled the hearts of the Class of '85, I have determined (since fortune has honored me with so grand a theme) to speak in the main of the better qualities and natures of these gentlemen; while the remaining classes would not sustain me in ignoring the class-characteristics.

It would be needless—indeed preposterous on my part to offer the slightest hint of the prodigious intellect—the encyclopedic knowledge which must needs lie beneath such an array of marble pates and cosmetics. Behold them! Doctors of Medicine! The soldierly conquerors of that insidious and dreaded vampire—Disease! The brave and generous benefactors whose un-

relenting efforts have for their aim the stupendous achievement of keeping soul and body together. Healers of the sick! Bow down, O ye mortal subjects of bilious attacks and buckwheat cakes, and reverence these victorious Gladiators of Pit—*epigastrium*.

As a class, this is to be not only a brilliant constellation in the very zenith of the Healing Art; but they have "on the list" varied and unique talents irrelative to their professional course.

And now, ladies and gentlemen, with your kind forbearance, and under the protection of your chaste and wrath-suppressing presence, I will briefly remind these worthy dignitaries that their characteristic side-show accomplishments are not altogether unappreciated.

Among the enviable reputations this class enjoys is one quite uncommonly associated with so grave a profession; but one which acknowledges them to be the *crack cushion-shots* known to the history of the college, and one which, I regret exceedingly to say, has been misinterpreted by the Dean for "Rowdism."

Another of these talents, remarkably inconsistent with the supposed mental predominance of the doctor—and difficult as it may be to comprehend, there are among these apparent pillars of the Temple of Wisdom those who would sustain with excellent grace the potent and chivalrous name of Sullivan. Indeed, while you recognize them here in conventional black as the sedate apostles of a still more sober calling, it is reserved for us, who have observed them in the cushion-battle and the surging college "rush," to understand how well adapted is their impending title—Healers!

As the courageous invariably calls up the poetic muse, I am here reminded of Byron's couplet:

"Cupid hath not in all his arrows choice,
A dart for the heart like a sweet voice."

And now, perhaps, it would not be complimenting our Seniors too highly to suggest: That those of *them* whose voices are somewhat more to the ear than the soft strains of Faust rippling over the wavelets of a star-reflecting lake, would

be more aptly placed in the quietude of some—farmer's barnyard! where their heroic voices could be utilized in *calling home the cows*.

But the most unaccountable gift peculiar to certain sprigs of this "Tree of Knowledge" has been displayed in the professor's quiz. It consists in a happy ability to answer the most complex questions with a guess that startles even the professors themselves. Whether this peculiar ability is "*congenital*" or "*acquired*," I will not attempt to decide.

Here, too, beneath these proudly undulating bosoms, a spark of boldness—daring burns. Veritable Napoleons are these, lacking only the magic touch of opportunity to burst their smouldering natures into a world-wide and glorious fame. These will not long suffer their spirits to be buried in the grim love of medicine; but in connection with the next Arctic exploration you shall read their eulogies by the column. For when the weary voyage is done, and icy monuments sway coldly over many a human sacrifice—when at last the mystic goal is reached, and the world is on the eve of opening a new page in the history of her wonderful discoveries—then will ring the nation's welcome to the news brought down like a flash from the frigid quarters by those same daring Seniors, who learned tobogganing over the seats of the college amphitheatre.

I could select from this exalted phalanx—like the great law of Homœopathy itself: mighty in minuteness—an element which but properly organized would rival the "Greatest Show on Earth." I mean that element (and I hope I will be pardoned for this evasion of names) that, while comprehending all the secrets of the "Ring," can out-kick the stubbornest jackass in the arena and copy every grace-note from the band.

Indeed, I could extend this unprofitable discourse into the wee hours, but it would be nothing more than an exposition still of the many talents peculiar to this phenomenal class. And so, with a few words to our embarking Seniors, I will relapse into the ranks of those whom, in another year, custom will uncover to the mercies of the revengeful Middle man.

GENTLEMEN OF THE GRADUATING CLASS—In addressing you on this occasion, I cannot claim that I feel the spark of paternal love prompting my remarks; but, as a brother, I beg of you open your hearts, if not to me, to the few words I have yet to say.

After Honor, Conscientiousness, and Liberality of thought and deed, the principal charge I would make to you is that you remember this important fact: That in the future those who surround you as co-workers in the broad field of medical science will not be "Middle men;" that perhaps as many as three or four of *them* may be worthy of their honorable M.D. as well as yourselves.

And if the time should ever come when your minds so far depart from the kingdom of self as to wander back to the old College, with its sky-mounting stairs; its grotesquely-carved seats; its chalked and penciled walls—with the noisy juniors and the trespassing "middlers"; the excessive repletions of materia medica and the desperate "boning"—think, then, of this slighted and despised middle class, whom, in the spirit of your lofty conceit, you recognized only as an uncomfortable settee. Think of them as *middle-men* still; or as doctors that are always *to be*, or as

"Imperial Cæsars, down to a Henry Clay,
And driving bungs to let the *wind* away;"

but do not, in your unapproachable pride, for a moment forget they have an unquestionable right to *vote*.

GENTLEMEN—When to-morrow evening you shall go forth from the Chickering Hall with your ribboned trophies of a three years' fight, you will have reason to feel deeply gratified. And when you disperse in all directions from the Alma Mater to try your skill in the art you have chosen, it will behoove you to bear in mind that merely the *skirmish* is ended; that the real conflict—the struggle for professional success—is yet to be encountered; that the day has come when Practice, with all its exacting emergencies, is to supersede Theory; when earnestness and a grave responsibility must supplant carelessness and class-room mirth. Henceforth your subjects will be the living, the suffering flesh, instead of the

manikin and the mangled dead. It is a serious future—a calling whose aim is among the noblest aspirations of men. And I assure you, none will wish you a more encouraging start—a more prosperous course and a grander achievement—than the Middle Class.

And now, may I not say: Brothers! There is but one word yet to be spoken between us. That word which sounds so hollow as it rings on the memory of separation; that word as often sprayed with the dews of Pathos as checkered with the beams of Hope; that word which issues from the mother's breast, and means: God speed you, son; that word whose very bitterness makes sweet the lover's lingering kiss, and melts the bravest warrior's heart:—Good-bye.

The College Commencement.

IT was a large and brilliant audience that filled Chickering Hall on the evening of the 15th inst., as the graduating class marched down the aisle to their seats near the stage. And they were there to see the forty-two young men take their diplomas. The pleasant flutter of excitement and the air of expectation affected not only those most nearly concerned, but the sympathetic audience also—made up as it was of relatives, friends and sweethearts.

After the opening prayer, Prof. T. F. Allen, A.M., M.D., LL.D., Dean of the Faculty, made an address in which he reviewed the work of the past year and dwelt on the attitude of our college toward higher and more perfect medical education. He mentioned the needs of the college in the way of endowment, and expressed the hope that not many years may pass ere all that now seems so unattainable shall be accomplished fact.

In the absence of Hon. Salem H. Wales, the President of the Board of Trustees, Mr. Edmund Dwight, the Vice-President, conferred the degrees which transformed the forty-two members of the graduating class from ordinary young men into Doctors of Medicine, and delivered the customary address.

The presentation of prizes was made by Prof. Wm. Tod Helmuth, M.D., President of the Fac-

ulty, in his usually happy vein. The first Faculty prize was captured by Dr. J. W. Dowling, Jr., of New York City, he having made the high average of 99.3. Dr. J. W. McMillan, of Jersey City, received the second Faculty prize, his average being 98.2. Those of the graduating class that received honorable mention are the following: Dr. S. H. Knight with an average of 97.4, Dr. W. B. Winchell with an average of 96.4, and Drs. O. G. Hunt, W. U. Reynolds and W. H. Jones. Four more members of the class were above 90 in their standing.

The Wales prize was awarded to Mr. E. D. Fitch, of '87. Mr. Fitch's average was 99. Other members of the same class who received honorable mention were Messrs. Crooks, Russell, Thayer, Jacobus and Schumann.

The address to the Graduating Class by the Rev. George T. Dowling, of Cleveland, Ohio, was eminently suited to accomplish its object of directing their attention to the elements which are necessary for success. The subject of the address was the relative advantages of a professional and of a mercantile or business life. The speaker led up to the conclusion that only a man's personal tendencies and desires ought be considered when deciding which life to prepare for.

Rarely if ever have we listened to so fine a class valedictory as that delivered on this occasion by G. M. McDowell, A. M. Mr. McDowell shunned the rocks which wreck so many valedictorians. The close attention of the audience was his from beginning to end. His subject was "The Young Physician; What is expected of him, and what he expects of the public." The delivery was every where good.

With the Benediction the exercises closed, the audience slowly dispersed, and there were forty-two more homœopathic doctors.

Appended is the programme and list of graduates:

MUSICAL SELECTIONS.

Overture,	-	"Raymond,"	-	Thomas.
Selection,	-	"Mikado,"	-	Sullivan.
March,	-	"Purini,"	-	E. Neyer.

PRAYER.

By Rev. GEO. T. DOWLING.

INTRODUCTORY ADDRESS.

By Prof. T. F. ALLEN, A.M., M.D., LL.D., Dean of the Faculty.

CONFERRING OF DEGREES.

By Mr. EDMOND DWIGHT, of the Board of Trustees.

MUSIC.

Selection, - - "Amorita," - - Czibalka.

PRESENTATION OF PRIZES.

By Prof. WM. TOD HELMUTH, M.D., President of the Faculty.

First Faculty Prize, a Microscope, valued at \$100.

Second Faculty Prize, a Microscope, valued at \$50.

The Wales Prize, for highest standing in all the Junior and Middle Studies, "A Helmuth Pocket Case."

MUSIC.

Waltz, - - "Gypsy Baron," - - Strauss.

ADDRESS.

To the Graduating Class, by Rev. GEO. THOMAS DOWLING, Cleveland, Ohio.

MUSIC.

Aria, - - "Attila," - - Verdi.

CLASS VALEDICTORY.

By GEO. W. McDOWELL, A.M.

MUSIC.

Neapolitan Song, "Funiculi Funicula," Denza.

BENEDICTION.**MUSIC.**

Le Petite Postilion, - - - - - Fährbach.

GRADUATING CLASS, '86.

Willis L. Bartholomew.....Potsdam, N. Y.
 Eri D. Bemiss.....Welland, Can.
 Charles E. Dodge.....Whitefield, N. H.
 George Butman Dowling.....New York City.
 *John William Dowling, Jr., A.B., M.D. New York City.
 Frederick Augustus Faust.....Poughkeepsie, N. Y.
 John Thomas Gill.....Monroeville, Ohio.
 Albert C. F. Grimm.....New York City.
 William Griswold.....Jersey City, N. J.
 Walter Scott Hall.....New York City.
 J. Henry Hallock.....New York City.
 George T. Hawley.....Clinton, N. Y.
 James Lansing Hiller.....Hartwick Seminary, N. Y.
 William Theodore Hudson.....Brooklyn, N. Y.
 Oren G. Hunt.....Nunda, N. Y.
 Walter Hastings Jones.....Hartford, Conn.
 E. Elmer Keeler.....New York City.
 Stephen Herrick Knight, A.B.....Salem, Mass.
 George Washington Lewis, Jr., A. B.....Buffalo, N. Y.
 John Isley Licorish.....Barbadoes, West Indies.
 George W. McDowell, A.B.....New York City.
 John Wales McMillan.....Jersey City, N. J.
 William Pierce Manaton.....New York City.

* Regent's Degree, M. D., New York State University, Albany, February, 1866.

Lynn Arthur Martin.....Binghamton, N. Y.
 Francis Howe Munroe.....Hackettstown, N. J.
 George Herbert Nichols.....Brooklyn, N. Y.
 S. Willard Oley.....New York City.
 Charles Eugene Putnam.....Jordan, N. Y.
 Warren Uel Reynolds.....New York City.
 Amos M. Ritch.....Portchester, N. Y.
 David J. Roberts.....Waterville, N. Y.
 Herbert E. Russell.....New York City.
 Peter Gordon Smoot, A.B.....Marysville, Ky.
 Sumner A. Stacey, A.B.....Marietta, Ohio.
 John A. Stutz, A.B.....Washington, D. C.
 John Walter Telford.....Margaretville, N. Y.
 Thomas Theel, M.D.....New York City.
 Walter Elbert Thorpe.....Bristol, Conn.
 Frank W. Van Alstyne.....Chatham Centre, N. Y.
 William Parish Wentworth.....Hinsdale, Mass.
 Walter B. Winchell, A.M.....Brooklyn, N. Y.
 Eugene B. Witte.....Belvidere, N. J.

Alumni Association Meeting.

AFTER the close of the exercises at Chickering Hall a large number of the Alumni of the College gathered at Delmonico's to elect new officers for the coming year and discuss the viands prepared for them. At the business meeting of the Alumni Association the President, Dr. W. L. Fisk, presided. Fifty-seven new members were proposed and accepted. This number includes a large proportion of the Class of '86. The following officers were elected for the coming year: President, Dr. Geo. S. Norton; Vice-presidents, Dr. F. H. Boynton, Dr. C. W. Butler, and Dr. Everett Hasbrouck.

Secretary, Dr. Charles McDowell; Treasurer, Dr. E. H. Porter.

Various reports were read and acted upon, and an adjournment was taken to the dining-room.

Alumni Dinner.

IT was rather late in the evening when the members of the Alumni Association and their friends marched into the large dining-room at Delmonico's and took their places. There was a goodly number present, however, and every one being in a pleasant humor, nobody minded the hour. Dr. W. L. Fisk presided, and among those who occupied the seats of honor on either hand were Prof. T. F. Allen, Prof. J. W. Dowling,

Rev. Dr. G. T. Dowling, of Cleveland; Prof. S. H. Talcott, Dr. G. S. Norton, the new President of the Association; Dr. J. T. Greenleaf, of Oswego, and Dr. W. S. Hall.

The courses followed each other in rapid succession. They were interlarded with college songs, led by the Glee Club, in which all joined with a will. This singing was a very pleasant feature of the evening.

With the coffee and cigars came the toasts.

The first one of the evening, drank standing and in silence, was to Samuel Hahnemann.

Prof. T. F. Allen, Dean of the Faculty, was then called upon to respond to the toast, "Our Alma Mater." Dr. Allen clearly defined the attitude of the college, the work it was trying to do, the difficulties it met and its needs for the future. So fully had the Board of Trustees realized the latter that they issued an appeal to the public generally, but especially to the Alumni. Gifts and bequests are needed to procure for the college a building of its own and facilities for the best medical instruction. The sum which it was desired to obtain was \$250,000, and it was hoped that the members of the Alumni Association and other graduates would contribute \$50,000 of this amount.

Later in the evening President Fisk announced that Prof. Allen had subscribed \$1,000 toward this fund. In concluding Dr. Allen challenged Dr. Dowling to explain why he had put two sons into a profession already so crowded. In responding Prof. Dowling was very happy in his remarks. Rev. George T. Dowling of Cleveland, O., responded to the toast "Our Sister Profession, the Ministry," in a very pleasant vein. Prof. S. H. Talcott in responding to the toast "The Profession" was so full of stories that though he promised several times to get down to business it was always another side-splitting tale.

The poem which Dr. J. T. Greenleaf read in response to the toast "The Old Alumni and the Alumni of Old" was full of pleasant music.

In response to the toast, "The Class of '86," Dr. W. S. Hall, of that class, spoke for several moments. His remarks will be found elsewhere.

When President Fisk introduced his successor,

Dr. G. S. Norton, there was a storm of applause. Owing to the lateness of the hour Dr. Norton made no extended address to the Association, but merely thanked its members for the honor conferred on him.

Then the assembly broke up, and after many adieux the members of the Association parted, some to meet again next year and some perhaps never.

Response to Toast, "The Class of '86."

BY W. S. HALL.

MINGLED feelings that cannot be described are striving for the mastery on this occasion. But joy is present in the heart of every graduate on realizing that at last the long, hard struggle is over, and that to-morrow will dawn for us as never before. As the youngest child is usually thought by fond parents to be superior to the others, may we not presume that this class is proudly regarded as such by our professors?

A striking example of the thoroughness with which it has canvassed all subjects of vital importance was manifested last night in the Hahnemannian Society. When before has it held such a commencement? The loyalty of its members caused them to burst the bounds of all previous years, and, with fitting complacency, they assembled in the auditorium of a theatre. This same spirit was also shown at the beginning of the term in the election of their quiz masters. So careful were they to choose men well tested in previous years that, probably for the first time in the history of the Society, it has not been deemed necessary to make a single change. The enthusiasm of each member of the quiz has continued unabated to the end, and thus the almost universal high standing at the examination can be accounted for. Whenever a question has been missed at the faculty quiz, the respective quiz master has felt the pangs of remorse that he had not laid more stress on that particular point.

Another record which the class leaves behind, and of which it is truly proud, is the class paper.

The discrimination and care with which they chose their best material to conduct it was worthy of so great a cause. The personal attention and intense interest displayed by each member of the class in collecting large quantities of valuable matter, thus allowing the editors to spend their time in selecting the very best, accounts for the result of which you are the witnesses.

Our Class Poet has softened the pillow of each man, while our Prognostitian has faithfully warned all of their future dangers, and from them you may acquire a more familiar acquaintance of its members. This class can boast of what few ever did before—an absence of black sheep, a paucity of cliques, of rings, of whist and toboggan clubs, while gentlemanly courtesy is extended by each to the other on all occasions. The only epidemic that has spread has been *hard work* and close application to study; but whether any shining light will appear the future must determine. Their meekness is certainly striking, and it required a *rush* to impress on the minds of those to follow that they were “grave and reverend seniors.” Their behavior has not been spotless, but it certainly has improved since the Dean found it necessary to remind them they were gentlemen. The religious element has never been prominent, but their familiarity with hymns shows their training has not been neglected. The standard of music has been so high songs have not been permitted, save the choicest selections, led by the best talent and under most favorable circumstances.

Each man when he entered college felt he was a host in himself, else how would he have dared to undertake a course involving such responsibilities? It is easy to tell how they feel now, judging from remarks made on many occasions, and you will admit there is much hope for them, especially if what is contained in the following incident may be depended on: One of the students walking leisurely up Broadway at twilight last fall heard a gentleman ahead of him say to his friend: “Yes, he has been successful, and he attributes his immense fortune to a discovery he made when he graduated from college.” The student’s curiosity was intensely aroused, and with bright visions of success for himself, if he

could only learn what was that wonderful secret, he adroitly managed to escape observation, and at the same time to linger sufficiently near to hear what followed. “Yes,” continued the gentleman, “when Mr. B. graduated from college he discovered” (here the student’s heart beat so violently he could scarcely catch the words) “he discovered that he knew *nothing*.” If there is a man in this class who has not already made that discovery, it is not the fault of the faculty. Every hour of every day we are impressed with the importance of the special subject before us, while midnight finds us muttering, “a life-time of study will never master all this!” Six average pellets may be taken at a dose. One has been given this class which every attempt to swallow causes a globus hystericus, and no wonder, for twenty years has not proved long enough for a most successful practitioner and eminent writer to coax it past his œsophagus. The “Dry Wit” of the class very pertly remarked: “If there be nothing in high potency, what brilliant results await us if we use them, for see what they have done for others!” He might have queried: “If the expectant treatment of typhoid with no medicine whatever shows the best results, why is it necessary to use any potency at all in that disease?”

The college days are over, with all their blessings, their trials and triumphs. Although we may not express in words the feelings we bear towards each of those our patient guides, our actions shall prove that the cause of our Alma Mater shall be our cause, and her interests our interests. The last act of the graduates before leaving their college seats was to vote a contribution of \$42 to the college library, hoping their example would be followed by their successors. As the members of this class have been able to pass successfully the ordeal to which they have been subjected; as they know their duty and are determined to do it, who can fail to anticipate that they will prove a blessing to humanity and an honor to the profession?

“WHAT we know is of small account; what we do not know is enormous.”

MARQUIS DE LAPLACE.

Ozoniferous Essences as Antiseptics.

LISTERINE possesses essential properties analogous in their effects to the ozoniferous ethers so highly recommended by Dr. Benjamin Ward Richardson and others as deodorizers and disinfectants for the sick-room, and should be used in the same way—sprinkled over handkerchiefs, garments and the bed-linen of fever cases. Mantegazza, "On the Action of Essences and Flowers in the Production of Atmospheric Ozone, and on their Hygienic Utility" (*Rendiconti del Reale Istituto Lombardo*, vol. iii., fasc. vi.), as quoted by Fox on Ozone, reports that the disciples of Empedocles were not in error when they planted aromatic and balsamic herbs as preventatives of pestilence. He contends that a large quantity of ozone is discharged by odoriferous flowers, and that flowers destitute of perfume do not produce it. Cherry-laurel, clove, lavender, mint, lemon, fennel, etc., are plants which develop ozone largely on exposure to the sun's rays. Among flowers, the narcissus, heliotrope, hyacinth, and mignonette are conspicuous; and of perfumes similarly exposed, eau-de-cologne, oil of bergamot, extract of mille-fleurs, essence of lavender, and some aromatic tinctures. He also points out that the oxidation of the essential oils, such as nutmeg, aniseed, thyme, peppermint, etc., are convenient sources of ozone, and concludes that the ozoniferous properties of flowers reside in their essences, the most ozoniferous yielding the largest amount of ozone. It is of such aromatic essences that Listerine is composed, and hence its efficacy under the circumstances indicated. —*The Sanitarian*, November, 1885.

THE HIGHEST POTENCY.—The highest and most useful potency of China ever produced has been made by Mr. William Weightman, of Philadelphia. He has made twelve million dollars from Cinchona bark. No doctor ever made such a potent sum. Even a microscopist could see metallic particles in that potency.—*Ex.*

"THE habitual use of alcoholic stimulants, although never in excess, is *always* productive of disease." J. W. DOWLING, M.D.

Exchanges.

THE *Century* for March has for a frontispiece a portrait of Emilie Castelar, the orator. William Jackson's paper on Castelar is a strong one, and well repays perusal. A novel article is that by Mr. and Mrs. Joseph Pennell, describing their trip from Florence to Rome. Mr. Howells's new novel, "The Minister's Charge," is con-

tinued and increases in interest. Gen. Buell contributes the leading war paper, entitled "Shiloh Reviewed." Dr. Washington Gladden talks of the weakness and strength of socialism. The number is a strong one and above the average.

Book Notice.

The American Homœopathic Pharmacopœia, third edition. Thoroughly revised and augmented by JOSEPH T. O'CONNOR, M.D. Boericke & Tafel, New York, Philadelphia and Chicago, 1885.

THIS third edition of the American Homœopathic Pharmacopœia bears witness to the conscientious and thorough work of the reviser. Only a small part of the former edition is retained. The chemical articles have been almost entirely rewritten; botanical descriptions have either been greatly condensed or in some cases considerably expanded. An attempt is made to give credit under each article to the first prover or introducer of the remedy; some difficulty, however, was experienced in doing this, and in many cases the name is omitted. The book has been planned, say the publishers, "to include all medicinal substances used in homœopathy, either fully or partially proved, as well as others in actual use or occasional demand, to identify them accurately and concisely after the highest authorities, to give reliable working formulas for the preparations of the chemicals, and finally to cement them with remedial agents after the rules laid down by Hahnemann." It does not need more than a hasty examination of the work to show that the publishers have done all they planned to do. The book is very handsomely bound and should be owned by every homœopathic physician in the United States.

AN IRREGULAR.

TWO physicians met in the street one day. Says Dr. A.: "Do you know, I suspect that Dr. J. is irregular?"

Says Dr. B. (in horror): "You do n't say so! How did you come to suspect him?"

Dr. A.: "Why, I find that all his patients recover."

College Notes.

DR. E. H. PORTER, '85, has opened an office at 461 West Seventy-first street, New York City.

DR. A. M. TRACY, '83, has again become a happy father. It is another son, named A. M. Tracy, Jr.

DR. E. L. WYMAN, '75, of Factorypoint, Vermont, recently presented the college library with a large number of medical journals.

DR. W. K. INGERSOLL, '79, Professor of Histology in the Hahnemann College, Philadelphia, made a call lately upon his classmates, Profs. White and Wilcox.

We find upon the editorial staff of the *Physicians' and Surgeons' Investigator* the names of Professor Wright, Dr. J. W. Buell, '77, and Dr. G. R. Stearns, '78.

We find mentioned in the *Medical Investigator* that Dr. S. P. Barchet, '75, who has spent many years as a missionary in China, has returned, and reports a number of interesting cases peculiar to that country.

DR. J. A. FREER, '85, formerly surgeon at the Homœopathic Hospital on Ward's Island, has removed to Washington, D. C., where he will engage in practice. Dr. Freer has many friends here who wish him success in his new home.

DR. S. L. HALL, '75, Health Officer of Port Chester, when enclosing his subscription for the year, took occasion to pay us a most gratifying compliment concerning the management of the current volume of THE CHIRONIAN. The Doctor still retains a lively interest in his Alma Mater and all pertaining thereto.

K. B. BULLEL, '85, is going to England soon to spend another year in special study. He has recently graduated from the New York Ophthalmic Institute. The thanks of the College are due the Doctor for the present of a bound volume of a Calcutta medical journal.

A NEW Medical Society was recently formed in New Jersey, which rejoices under the euphonious name of the Communipaw Medical So-

ciety. Dr. L. A. Opdyke, '85, is the president Dr. E. H. Porter, '85, vice-president, and Dr. James Hoffman is treasurer. This new Society has a brilliant outlook, and its membership is rapidly increasing.

SWAYED by mingled feelings of pleasure and regret, we pick up our *Spencerian*, No. 5, and for the last time address the readers of THE CHIRONIAN as an editor.

In years to come the most pleasant memories of our college days will be revived by each number of our journal, which we hope may long continue in its semi-monthly visits. Good-byes always savor of unpleasant things, so we have none to give. We simply say that, if the readers of THE CHIRONIAN have taken the pleasure perusing our columns we have in the labor of preparation, we are satisfied. E. E. K.

Class Meeting.

AT a meeting of the Class of '86, held Friday evening, April 9th, it was voted that each member of the Class should give \$1 toward buying books for the Library; and that a Committee of three be appointed to take charge of the matter—not only investing the money in books, after consulting the Dean, but soliciting from those members of the Faculty and Alumni who had written works the gift of the same to the Library. The Committee appointed consisted of Messrs. Winchell, Stacey and Reynolds. Forty dollars were collected from the Class and has been partly expended.

Profs. Allen, Helmuth, Houghton and others have promised to give their books, and Hurlburt, Gross & Delbridge, and Boericke & Tafel have each contributed a number of volumes of their publications. It is hoped that others, whom the committee will not be able to see personally, will send in contributions of books, magazines or money.

Permanent Organization of '86.

AT an early hour on the morning of April 16th, after the Alumni Banquet at Delmonico's, '86 held a Class Meeting, before dis-

banding, for the purpose of forming a permanent organization. The officers elected are as follows: President, D. J. Roberts; Secretary, W. U. Reynolds; Treasurer, W. T. Hudson. The Executive Committee consists of the above officers. In order that the secretary may always be able to furnish the addresses of the Class, it is necessary that each member should take a personal interest in the matter and give notice of any change in his own location.

Where We Are Located.

SO far as we have been able to learn our classmates may be found by the following addresses:

W. L. Bartholomew.....Odgensburg, N. Y.
 C. E. Dodge.....342 East Twentieth street, N. Y.
 F. A. Faust.....South Berne, N. Y.
 J. T. Gill.....Munroeville, Ohio.
 A. C. F. Grimm.....208 East Eighty-fifth street, N. Y.
 Wm. Griswold.... Ocean Beach, N. J.
 W. S. Hall.....245 West Forty-eighth street, N. Y.
 J. H. Hallock.....27 Bayard street, N. Y.
 G. T. Hawley.....366 West Fifty-fifth street, N. Y.
 J. L. Hiller.....Hartwick, N. Y.
 W. T. Hudson.....218 Livingston street, Brooklyn.
 O. G. Hunt.....201 East Twenty-third street, N. Y.
 W. H. Jones.....Five Points House of Industry, N. Y.
 E. E. Keeler.....1,566 Park avenue, N. Y.
 S. H. Knight.....Hahnemann Hospital, N. Y.
 G. W. Lewis, Jr.....Buffalo, N. Y.
 J. J. Licorish.....Barbadoes, W. I.
 G. W. McDowell.....Harlem, N. Y.
 J. W. McMillan.....Jersey City, N. J.
 L. A. Martin.....Binghamton, N. Y.
 F. H. Munroe.....Ward's Island Hospital, N. Y.
 G. H. Nichols.....230 Leonard street, Brooklyn.
 S. W. Oley.....241 West Thirty-sixth street, N. Y.
 C. E. Putnam.....Ward's Island Hospital, N. Y.
 W. U. Reynolds.....184 Second avenue, N. Y.
 A. M. Ritch.....145 Macon street, Brooklyn.
 D. J. Roberts.....Ward's Island Hospital, N. Y.
 H. E. Russell.....30 East Seventy-fourth street, N. Y.
 P. G. Smoot.....Maysville, Ky.
 S. A. Stacey.....Marietta, Ohio.
 J. A. Stutz.....Washington, D. C.
 J. W. Telford.....Margaretville, N. Y.
 Thomas Theel.....127 East Tenth street, N. Y.
 W. E. Thorpe.....Bristol, Conn.
 F. W. Van Alstyne.....Chatham, N. Y.
 W. P. Wentworth.....Hinsdale, Mass.
 W. B. Winchell.....Waterville, N. Y.
 E. B. Witte.....Princeton, N. J.

Marriages.

DR. E. P. GOODRICH, '77, who has practiced a long time in New Britain, but now located at New Haven, was married lately to Dr. Lila A. Rendell of that city.

Quacks and Ends.

A FRIENDLY CAUTION.

SICK HUSBAND: Did the doctor say that I am to take all that medicine?

Wife: Yes, dear.

Sick husband: Why, there is enough in that bottle to kill a mule.

Wife (anxiously): Then you had better be very careful, John.

JENNER was much given to versification. On one occasion he sent a brace of ducks with the following lines to one of his patients:

"I've despatched, my dear madam, this scrap of a letter, To say that Miss Dogby is very much better.

A regular doctor no longer she lacks,

And therefore I've sent her a couple of quacks."

—*Cincinnati Lancet.*

CURED OF HIS FAITH.—Faith-doctor to patient who has just had a séance: Now, sir, you are better! Tell me just how you feel.

Patient: Well, sir, I feel like a fool. How much is your bill?

A MAN afflicted with deafness took a prescription to a Topeka druggist, who filled it with care and in the latest style. The deaf man asked the price, when the following talk occurred:

Druggist (leaning on the counter and smiling in a won't-you-pay-up sort of a manner): The price is seventy-five cents.

Deaf customer: Five cents? Here it is.

Druggist (in a louder voice): Seventy-five cents.

Deaf customer: Well, there's your five cents.

Druggist (in a very loud voice and very firm manner): I said *seventy-five* cents.

Deaf customer (getting angry): Well, what more do you want. I just gave you five cents.

Druggist (sotto voice): Well, go to thunder with your medicine; I made three cents any way.—*Drug Record.*

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